Higher Education Dialogue with the Muslim World

Leadership & Advocacy:

Skills Development for Social Work and Health Care Professions

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Partners:

HS Neubrandenburg- University of Applied Sciences
(Germany)

HS Magdeburg Stendal- University of Applied Sciences
(Germany)

GJU- German-Jordanian University
(Jordan)

Al-Balqa Applied University
(Jordan)

An-Najah National University
(Palestinian Territories)

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DAAD
Deutscher Akademischer Austauschdienst
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Introduction

This training manual is the result of an international, practice-oriented collaboration designed to strengthen leadership, advocacy and project development competencies among social work students and practitioners. It has been developed within the framework of a DAAD-funded mobility project titled *" Leadership and Advocacy for the Social Work and Health Care Professions"*, which brought together five universities from Germany, Jordan, and the Palestinian Territories to exchange knowledge, foster innovation, and build sustainable networks in the field of Social Work.

The partner institutions involved in this collaborative project are:

- **University of Applied Sciences Neubrandenburg, Germany**
- **University of Applied Sciences Magdeburg-Stendal, Germany**
- **German Jordanian University, Jordan**
- **Al-Balqa Applied University, Jordan**
- **An-Najah National University, Palestinian Territories**

Goals and Structure of the Project

At the heart of this project was the goal to enable social work undergraduates and graduates to conceptualize, develop, and implement practical projects that respond to the real-life needs of diverse communities. The training manual encapsulates the methodologies, lessons, and insights generated throughout the project's three-year cycle. The project was structured across three key phases:

1. **Year 1 – Empirical Research and Field Studies**
   Students and faculty teams engaged in qualitative and quantitative research involving leaders and service users in various fields of social work. The aim was to understand pressing social challenges, local practices, and leadership dynamics within different socio-cultural contexts.

2. **Year 2 – Competency Mapping**
   Building on the field data, participants conducted a detailed analysis of the competencies needed for effective leadership and advocacy in social work. These included communication, conflict resolution, cultural sensitivity, ethical decision-making, and participatory leadership. This phase laid the foundation for identifying core competencies to be developed through training.

3. **Year 3 – Training Program Design, Testing, and Evaluation**
   Using the knowledge from the first two phases, teams collaboratively designed and piloted a training program tailored for students across the partner universities. These sessions were evaluated for effectiveness and cultural responsiveness, ensuring adaptability and relevance across diverse settings.

In the course of their practical projects, the project partners and their students identified various pathways to effective leadership and advocacy in social work. Through diverse approaches to analysis and research, they developed a wide range of practical tools tailored to different fields within the discipline.

Chapter 1: Leadership – Professionalization Perspectives for Social Work
(University of Applied Sciences Neubrandenburg)

This chapter introduces the core concept of leadership in social work, grounded in key theoretical frameworks and approaches to skills development. As part of the practical project, students conducted guided interviews with professionals, executives, and supervisory staff within human service organizations. The resulting data was analyzed using qualitative empirical methods. Based on these findings, students explored various didactic methods and ultimately designed an outline of a training module to strengthen leadership competencies in social work.

Chapter 2: Project Management for Social Work
(*University of Applied Sciences Magdeburg-Stendal)*

Focusing on the planning and execution of a conference on "Social Work and Democracy," this chapter serves as a practical guide for social workers aiming to enhance their project management and event planning skills. The course supports the development of creativity, strategic planning, and implementation capabilities. It provides viable strategies for setting goals, managing projects, and conducting evaluation, which are key competencies for organizing professional events in the social work sector.

Chapter 3: Promoting Health Care through the Empowerment Approach in Psychosocial Student Counseling
(*German Jordanian University)*

Chapter 3 offers a training manual that bridges theory and practice in student mental health counseling. The aim is to prepare students with essential knowledge, skills, and practical experience in psychosocial support. The curriculum includes fifteen structured units, each aligned with specific learning objectives and thematic content, emphasizing the empowerment approach in mental health care.

Chapter 4: Practical Tools for Enhancing Relationships within Families and Communities
(Al-Balqa Applied University)

This chapter addresses multiple dimensions of interpersonal relationships, including self-awareness, marital dynamics, and parenting. The training manual equips social workers with effective strategies to foster positive relationships and promote wellbeing among individuals and families. Emphasizing growth, resilience, and supportive environments, the tools presented here are designed to strengthen family and community bonds.

Chapter 5: Advocacy in Social and Health Care Professions: Principles and Skills Support for Improving Dialysis Patient Outcomes
(An-Najah National University)

The final chapter focuses on advocacy within the context of dialysis care. Aimed at students and volunteers in the social and health care fields, the manual outlines the fundamental principles and key skills necessary for effective patient advocacy. It empowers social workers to support dialysis patients and their families, ultimately contributing to improved health outcomes and greater patient autonomy.

Intercultural Exchange and Knowledge Sharing

A distinctive strength of this project was its emphasis on intercultural learning and mutual exchange. Throughout the three years, students and faculty participated in workshops, summer schools in Germany, and conferences in Jordan, creating vibrant spaces for discussion, reflection, and learning. These events facilitated critical comparisons of social work practices in different regions, leading to richer insights and a shared understanding of leadership and advocacy in complex, multicultural environments.

The result is a training manual that not only conveys technical knowledge but also promotes intercultural sensitivity, ethical awareness, and a commitment to social justice - core values of the social work profession.

Acknowledgements

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HOCHSCHULE NEUBRANDENBURG
University of Applied Sciences

LEADERSHIP – PROFESSIONALIZATION PERSPECTIVES FOR SOCIAL WORK

by

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1 Relevance for Social work

In the field of social work, there is often a notable absence of courses specifically aimed at developing leadership competencies (Bliss, Pecukonis, & Snyder-Vogel, 2014, p. 5). As a result, social work students frequently face a significant knowledge gap in this area that needs to be addressed.

In practice, social workers are often required to assume leadership roles without having received adequate training. Many lack both the theoretical foundation and practical experience necessary for effective leadership (Wilson & Lau, 2011, pp. 324f.). In response, organizations sometimes appoint individuals from outside the profession who may possess general leadership qualifications but lack an understanding of core social work principles. This can undermine essential values within the profession and negatively impact service delivery, policy development, organizational functioning, and advocacy efforts (Bliss, Pecukonis, & Snyder-Vogel, 2014, p. 6).

Research indicates that social workers are more likely to assume leadership roles when they have participated in targeted training, such as management seminars (Wilson & Lau, 2011, p. 325).

To explore this further, we conducted a practical sub-project titled ‘Leadership and Advocacy in social Work’ at Neubrandenburg University of Applied Sciences. This report presents the project’s findings and offers recommendations for a continuing education course on the topic ‘Leadership – Professionalization Perspectives for Social Work.

The sub-project, involving eight students from the Department of Social Work and Education focused on an empirical study of leadership practice in human service organizations. To this end, the students conducted guided interviews with professionals, executives and supervisors, analyzing the data using qualitative methods of empirical social research.

In parallel with the research project, the students deepened their understanding of both quantitative and qualitative research methods, applying them independently in various course settings. The evaluation of the empirical data not only offered nuanced insights into the realities of professional leadership, but also laid the groundwork for developing a practice-oriented guide to fostering leadership competencies.

As part of a bachelor’s thesis, which forms the basis for the following, the students' findings were further developed into key components for a continuing education program on leadership in social work. In addition to theoretical models on leadership and skills development, this report provides practical didactic tools, exercises, and a proposed training module aimed at enhancing leadership competencies in social work. We would like to thank the author of the bachelor’s thesis, Rianne van Damme, for her dedicated research and valuable contribution.

Chapter One introduces the thematic relevance of leadership in social work. The significance of leadership competencies in the field is established by outlining the social and professional challenges currently facing the discipline. Chapter Two offers a precise definition of key terms such as leadership and competence. This conceptual clarification lays the foundation for understanding the subsequent chapters and supports an informed discussion of various academic perspectives. Embedding these concepts within theoretical discourses also serves to position the topic within the broader contexts of social work science and organizational research. Chapter Three focuses on the systematic identification and analysis of leadership competencies. Drawing on established competence models (e.g., Erpenbeck & Heyse), it differentiates between personal, social, methodological, and professional competencies. The chapter also includes a critical discussion of contemporary leadership theories—such as transformational, situational, and post-heroic leadership models—and examines how they can be adapted to the specific contexts of social work practice. Additionally, the chapter presents a concrete structure of a training module that demonstrates how theoretical content and methods can be translated into effective training formats. Chapter Four focuses on specific didactic methods for fostering leadership competencies in teaching and continuing education. By incorporating well-established techniques such as the Personal SWOT Analysis, Idea Carousel, and Six Thinking Hats, the chapter ensures a strong practical orientation. These methods promote self-reflection, clarify leadership roles, and strengthen strategic thinking and action, key goals of modern, competency-based leadership development. The final chapter explores ways to integrate leadership content into the curricula of social work degree programs and identifies areas of application within continuing professional development in an international context.

2 Definition of Relevant Terms

2.1 Leadership

There are numerous approaches to defining the term *leadership*. Northouse summarizes that despite the variety of definitions, common elements can be identified. Leadership is always understood as a process in which influence plays a central role. Furthermore, leadership takes place within groups and involves shared goals and collective orientation towards those goals (Northouse, 2019, p. 43).

In an attempt to integrate these elements, Frank Eibisch defines leadership as follows: “Leadership is the conscious, deliberate, and goal-oriented influence of people on people within organized and structured systems, based on an assigned and legitimized mandate, for the purpose of coordinated, goal-appropriate steering and shaping of those systems by those individuals” (Eibisch, 2019, p. 179).

The aspects of leadership outlined by Northouse can also be found in various definitions of *Führung*. Other sources likewise define these terms in a comparable manner. Consequently, this report will use the terms *leadership* and *Führung*synonymously, based on Eibisch’s (2019) definition.

The term *management* is often used interchangeably with *leadership* in everyday language; however, this is not accurate from a professional standpoint. *Management* refers to organizational tasks, focusing on the planning, organization, and control of processes to achieve organizational goals efficiently. It has a more administrative and operational character, emphasizing stability and efficiency. In contrast, *leadership* is more concerned with human interaction and change (Unger, Sann & Martin, 2022, pp. 4ff.). Therefore, the two terms should not be used as synonyms.

2.2 Competencies

There are numerous approaches and attempts to define the concept of *competency*. Academic literature on the subject reveals a wide range of understandings and interpretations of the term. This variety reflects the complexity of the concept, which is perceived and applied differently across various contexts and disciplines, making it difficult to arrive at a universally accepted definition.

Ursula Hochuli Freud defines the term as follows: “Competency refers to the ability to manage specific tasks under the condition of uncertainty regarding action requirements and goals” (Hochuli Freud, 2018, p. 66).

American psychologist Robert W. White (1959) offers another perspective on the concept, viewing competency as “fundamental abilities that are developed by the individual and are therefore neither genetically predetermined nor the result of a biological maturation process.”

Bolz incorporates both the aspect of the ability to act in response to diverse demands and the idea that competencies are self-organized. He summarizes: “[…] Competency is the ability to act in a self-organized way within one or several areas of competence, to solve problems, and to operate independently in uncertain or unstructured situations. Competencies emerge from the interaction of multiple, and sometimes diverse, personal abilities and characteristics” (Bolz, 2022, p. 221).

3 Leadership Competencies

Following the clarification of key terms in Chapter 2, this chapter explores the significance of leadership competencies in social work, along with the challenges leaders encounter in their daily professional practice. It will define and contextualize four core competencies, methodological, personal, social, and professional—within the field of social work. Furthermore, the chapter will explain the rationale for selecting these specific competencies and discuss why they are regarded as essential for effective leadership in this context.

3.1 Competency Requirements for Leaders

Even with a clear definition of the term *competency*, it does not automatically become evident which specific competencies a leader must possess to navigate the challenges of everyday professional life. To address this, it is first necessary to identify the different types of competencies and clarify what is meant by leadership competency.

Becker and Pastoors (2019) define leadership competency as follows: "Leadership competency encompasses all the abilities that leaders need in order to set goals and influence the behavior of others in such a way that these goals are achieved" (p. 32).

Beyond the achievement of shared goals, Becker and Pastoors highlight additional responsibilities of leaders. For example, leaders should be capable of creating a trusting work environment while showing respect for others and their perspectives. They must remain grounded in their own values and beliefs, support the development of their employees' potential, and consider individual goals and interests. Leadership behavior should be consistent with the leader's own personality to ensure authenticity (Becker & Pastoors, 2019, p. 32).

Heinrich Bolz (2022) describes leadership, among other things, as behaviors derived from various fields of competence: personal, professional, methodological, social, as well as activity and action competence (p. 222). This form of categorization is common in the literature. However, a more widely used and practically applied model is based on four categories: personal, professional, methodological, and social competencies.

This four-part classification is also employed in the present subproject and throughout this report. The category of activity and action competence is not treated as a distinct area here due to its conceptual overlap with the other categories. It is frequently described as the ability to motivate oneself and others to take action (North, Reinhardt & Sieber-Suter, 2013, p. 57).

Since the term competency inherently implies the capacity to act appropriately in specific situations, action competence can be viewed as an overarching construct, encompassing the full range of skills required for effective behavior across different contexts. This interpretation is supported by authors such as Schöning and Mendel (2021).

3.1.1 *Personal Competency*

Personal competency, also referred to as self-competency, primarily refers to the ability to regulate oneself and engage in ongoing personal development (Schöning & Mendel, 2021, p. 105). Self-regulation includes qualities such as the ability to self-motivate and to approach tasks with a sense of responsibility. Personal development is fostered through continuous self-reflection and a willingness to accept and learn from criticism (Schöning & Mendel, 2021, p. 105).

Richter (1995) defines self-competency as the "competent management of oneself" (p. 35). Leaders demonstrate self-competency when they exhibit effective self-management skills, including the capacity for self-assessment and ongoing improvement. A central aspect of this competency is the ability to engage in self-reflection. In addition, self-competency encompasses a stable sense of self-worth, along with an independently developed value system and worldview (Richter, 1995, p. 36).

According to Fuchshuber (2019), key self-competencies for leaders include the ability to reflect, confidence in one's leadership role, a willingness to learn, inner motivation, authenticity, and a strong sense of responsibility (p. 276). Schöning and Mendel (2021) further highlight resilience, the ability to accept criticism, a pronounced sense of duty, and self-confidence as crucial components of personal competency (p. 106).

In social work practice, self-competency and reflective capacity are likewise considered essential. These requirements mirror those found in leadership roles. Personal competencies that are vital for leaders in social work are also fundamental for social workers in their everyday professional routines. These include the ability to accept criticism, a readiness to take responsibility, resilience, and a strong sense of duty. Another key personal competency in the field is the ability to maintain an appropriate balance between emotional closeness and professional distance in relationships with clients (Maus, Nodes & Röh, 2013, p. 81).

3.1.2 *Social Competency*

In the field of social work, professionals engage daily with a diverse range of individuals. Within this context, effective communication and cooperation are essential for establishing a constructive foundation for collaboration. Only those who possess well-developed social competencies are able to build and maintain productive and supportive working relationships (Schöning & Mendel, 2021, p. 104).

While personal competencies relate to one’s ability to manage oneself, social competencies refer to the ability to interact effectively with others (Richter, 1995, p. 35). social competence inherently requires interaction with others; it is only through interpersonal engagement that social competence can be demonstrated and developed (Hochbein, 2013, p. 459). As such, social competencies are indispensable tools for professional social workers and are considered foundational to effective practice in the field.

In leadership contexts, social competencies are often categorized as *soft skills* (Schöning & Mendel, 2021, pp. 104ff.). Key social competencies that leaders should possess include empathy, the ability to cooperate, negotiation skills, and assertiveness (Becker & Pastoors, 2019, pp. 38f.). These competencies enable leaders to navigate complex interpersonal dynamics, foster team cohesion, and contribute to a positive and respectful work environment.

3.1.3 *Methodological Competency*

"Methodological competence is the planned and goal-oriented application of subject-specific knowledge" (Richter, 1995, p. 35). Pastoors (2018) expands on this definition by describing methodological competence as encompassing all techniques and abilities necessary to systematically, effectively, and, most importantly, independently complete tasks and solve problems (p. 71). Similarly, Richter emphasizes the problem-solving aspect of methodological competence, viewing it as the ability to apply appropriate methods to solve problems analytically, structurally, creatively, and critically. In the context of professional development, methodological competence holds particular importance, as it bridges the gap between theoretical knowledge and its practical application (Richter, 1995, p. 35).

From another perspective, methodological competence involves the context-sensitive and effective application of action-oriented approaches and solution strategies. These competencies are often rooted in learned techniques that must be applied appropriately and timely. Examples include structured problem-solving strategies and effective time management methods (Maus, Nodes & Röh, 2013, pp. 49ff.).

During their academic training, social workers acquire a broad spectrum of methodological techniques, which become crucial in their professional practice. Core areas of study often include group work, casework, and community work, along with techniques for conflict resolution and problem-solving (Maus, Nodes & Röh, 2013, p. 57).

Becker and Pastoors (2019) further broaden the scope of methodological competencies to include the ability to acquire and process knowledge independently. In addition to learning competence, they highlight media literacy, conflict management, cooperation skills, and project management. For leaders specifically, essential methodological competencies include the ability to plan and organize projects, think systematically and methodically, and engage in entrepreneurial thinking and action (Becker & Pastoors, 2019, p. 43).

3.1.4 *Professional Competency*

Professional competencies encompass all subject-specific abilities required within a particular field of work. Some of these competencies are acquired during academic studies or vocational training, while others develop through practical experience. Without these core skills, it is not possible to perform tasks in a professionally sound and responsible manner. The specific competencies needed in day-to-day practice can vary significantly, depending on individual roles and responsibilities (Schöning & Mendel, 2021, pp. 104f.).

In the context of social work, professional competencies include the theoretical knowledge imparted during academic education. This may involve, for instance, Hans Thiersch's concept of lifeworld orientation or Niklas Luhmann's systems theory. Additionally, it is essential for social workers to have a deep understanding of social, cultural, and societal conditions, such as systemic discrimination, the marginalization of minorities, or the dynamics of poverty and wealth (Maus, Nodes & Röh, 2013, pp. 37f.). These are just a few examples of the wide range of professional demands social workers encounter in their daily practice.

Leaders in social work, in addition to possessing field-specific expertise, must also demonstrate management and leadership competencies (Fuchshuber, 2019, pp. 273ff.). When comparing the competencies required of both leaders and social workers, several overlaps become apparent. Key abilities, such as reflective practice, change management, and conflict resolution, are expected of both groups. Notably, many competencies that are crucial for leadership are regularly applied by social workers in their interactions with clients. This overlap gives social workers a unique advantage over professionals from other fields, as they bring practical experience in managing complex social dynamics and applying these competencies in real-world contexts.

To conclude this chapter, it is worth revisiting the initial definition by Becker and Pastoors (2019, p. 32), which underscores the direct connection between leadership roles and the specific skills required to fulfill them. This highlights the need to distinguish between professional and leadership competencies while also recognizing the significant areas of overlap.

Leadership competencies draw from multiple domains of expertise. Many skills that are typically associated with other competency categories, such as reflection, communication, and organization, are regularly exercised by leaders and therefore can be considered part of their professional repertoire. This convergence underscores the importance of possessing competencies across all four areas, personal, social, methodological, and professional, in order to lead effectively. It also illustrates the interdependence of these competencies in practice.

These perspectives on the classification of competencies and their overlaps are also reflected in the work of Erpenbeck and Heyse. The following section will therefore take a closer look at their model of competency development.

3.2 Competency Development According to Erpenbeck and Heyse

In general terms, *competency development* refers to the process of acquiring, enhancing, and further developing skills, knowledge, and behaviors that enable individuals to perform effectively and successfully in their respective roles. It is based on the assumption that competencies are learnable and play a central role in human resource development (Niedemair, 2012, pp. 14ff.).

Erpenbeck and Heyse (2007) place particular emphasis on the link between competencies and successful action. Their model of competency development is rooted in a comprehensive understanding of competencies as abilities that emerge from biographical experiences. They view competencies as dynamic, processual, and learnable dispositions that become evident through concrete actions.

Heyse and Erpenbeck categorize competencies into several interrelated types: professional-methodical, personal, and social competencies (Erpenbeck & Heyse, 2007, p. 157). Among these, the importance of personal and social competencies in the development process is especially emphasized (ibid., p. 167). They argue that biographical events significantly shape competency development, and highlight self-organization, the capacity for independent and self-directed learning and acting, as a central element. In their view, competencies represent dispositions for self-organized action, with each competency area reflecting a specific type of such action (ibid., pp. 159f.).

Their model identifies five core components of competency development:

“Competencies are grounded in knowledge, constituted by values, shaped by abilities, consolidated through experience, and realized through will” (Erpenbeck & Heyse, 2007, p. 163).

This framework suggests that competencies are built on a foundation of knowledge, which enables informed and effective action. Values provide the ethical orientation that guides behavior. Abilities serve as the tools through which knowledge is applied. Experience strengthens and deepens competencies through practice and reflection. Finally, will, the motivation to act, is critical for translating competencies into behavior. Competency development, therefore, is the result of the interplay between these five elements.

The process described by Erpenbeck and Heyse is dynamic and multi-layered. It begins with the acquisition of knowledge and expertise, which serves as the basis for all further development. This knowledge is then interpreted through the lens of personal values, shaping the ethical and normative orientation of action. Skills provide the practical means for implementation, which are then deepened through real-world experience. The individual's will to act is decisive in applying competencies, thereby initiating a cycle of continuous development. Through reflection and new experiences, competencies are refined, enabling individuals to act effectively in increasingly complex situations.

Importantly, competencies allow individuals to compensate for gaps in knowledge. Over time, this leads to a step-by-step expansion of one’s capacity for action, as knowledge, skills, experience, and motivation interact (Erpenbeck & Heyse, 2007, pp. 163f.).

Erpenbeck and Heyse also explore methods for assessing competencies, noting that they can be measured through both qualitative and quantitative approaches, each with its own strengths and limitations. They emphasize that competencies are not directly observable but must be inferred from behavior (ibid., p. 187). Accordingly, they propose several assessment methods:

1. **Self-assessment**: Individuals evaluate their own competencies using structured questionnaires. This method relies on honesty and self-awareness but remains subjective and potentially biased.
2. **Peer assessment**: Colleagues or supervisors assess an individual's competencies. This approach helps reduce personal bias but is still not entirely free from subjectivity. Notably, Erpenbeck and Heyse argue that personal and social competencies can only be accurately assessed by individuals who themselves possess such competencies (ibid., p. 177).
3. **Standardized external assessment procedures**: In formal settings, participants are observed while performing specific tasks, and conclusions are drawn from their behavior. However, even these methods are susceptible to observer bias and subjectivity (ibid., pp. 176f.).

Ultimately, Erpenbeck and Heyse conclude that truly objective measurement of psychosocial behavioral dispositions is unattainable. All forms of competency assessment, whether self-reported, peer-reviewed, or externally evaluated, can only ever be relatively objective (Erpenbeck & Heyse, 2007, p. 176).

3.3 “Good Leadership” in Social Work Organizations

Social organizations, and especially their leaders, operate within a constant field of tension. On one hand, they are expected to meet economic and administrative demands; on the other, their primary mandate lies in client care and social responsibility. In this context, professional competence also plays a central role. Leaders must continually navigate this complex environment, balancing financial objectives with the needs of clients and the ethical standards of professional practice. Furthermore, they face constant legitimacy pressures from a range of stakeholders, which influence nearly every decision (Herzka, 2019, p. 221).

In addition to these challenges, leaders in social work must comply with frequently changing legal and policy frameworks. At the same time, they are expected to address and reconcile the diverse expectations of various groups, including full-time and volunteer staff, municipal authorities, political representatives, partner organizations, the media, and the broader public (Neubauer, 1996, p. 86).

Over recent decades, management theories and organizational concepts have gained increasing importance in the field of social work. This development is largely driven by political efforts to reduce public spending in the social sector, accompanied by a growing demand for efficiency. The objective is to deliver the highest possible impact with minimal resource expenditure. However, this emphasis on efficiency does not originate from the theoretical or practical foundations of social work itself; rather, it stems from external societal and political pressures. For this reason, the ongoing economization of social work must be critically and constructively examined from both theoretical and practical perspectives (Bader, 2005, pp. 168f.).

Leaders within social work teams also face internal challenges, such as navigating resistance related to organizational power dynamics. These tensions often arise when hierarchical structures clash with professional values like autonomy and egalitarian collaboration. Leadership in helping professions is sometimes perceived as conflicting with the principles of client-centered care and solidarity with those in need. Such tensions are particularly pronounced in team settings, where collaborative work and shared responsibility are central (Weingärtner, 2014, pp. 17ff.).

To withstand the legitimacy pressures arising from both external and internal sources, leaders must act both efficiently and effectively (Vito, 2020, p. 7). The key challenge for leaders is to drive organizational development while maintaining employee satisfaction. An effective leadership style, therefore, is one that simultaneously promotes performance and supports the well-being of staff (von Wissmann, Clasen & Krüger, 2021, p. 7).

To meet these evolving demands, leadership styles have continued to develop, and new models and theoretical insights are emerging in response (Rybnikova & Lang, 2021, p. 6). The following section introduces several leadership models that reflect contemporary expectations and challenges in the field of social work.

3.3.1 *Self-Leadership*

According to Manz, *Self-Leadership* represents the highest of three levels of self-influence. The lowest level is *self-regulation*, described as an unconscious process aimed at reducing the gap between one’s current state and a desired state. The second level is *self-management*, which involves the conscious ability to regulate one's own behavior and actions in alignment with specific goals. The third and highest level is Self-Leadership, which entails a more proactive and strategic form of self-influence (Furter & Baldegger, 2023, pp. 100f.; Manz, 1986).

Self-Leadership begins at the individual level and refers to the conscious, goal-oriented regulation of one’s thoughts and behaviors. It requires the capacity to enhance one's own effectiveness and performance without relying on external motivation or oversight. The concept is grounded in the principle that leaders can only lead others effectively once they have learned to lead themselves. Those who struggle to motivate themselves are unlikely to succeed in motivating others (ibid., p. 97).

A critical first step in developing Self-Leadership is cultivating awareness of one’s own strengths and weaknesses. While individuals often learn early in life to critically assess their external environment, the ability to reflect inward, on personal capabilities and psychological processes, often needs to be consciously developed. Once individuals become aware of their strengths and limitations, they can begin to build on their assets and work to reduce or manage their weaknesses. In this process, setting personal goals that are both specific and realistic plays a crucial role, as such goals foster intrinsic motivation, a core component of Self-Leadership (ibid., pp. 97ff.).

However, even individuals with strong self-awareness, clear goals, and intrinsic motivation may lack the behavioral strategies necessary to implement lasting change. These strategies can be developed over time, reinforcing the idea that Self-Leadership is not an innate characteristic but a learnable skill (Furter & Baldegger, 2023, p. 98).

For leaders, the goal of Self-Leadership extends beyond personal influence. It also encompasses the ability to positively influence others by fostering and supporting the Self-Leadership development of their employees (Furter & Baldegger, 2023, p. 127). In this sense, Self-Leadership serves not only as a personal competency but as a foundational leadership practice.

Nevertheless, Furter and Baldegger also note a significant gap in the research: there is a lack of empirical studies examining the broader relationship between Self-Leadership and leadership effectiveness (ibid., p. 128). This highlights the need for further investigation into how Self-Leadership translates into organizational outcomes and leadership performance.

Would you like assistance integrating this section with other leadership

3.3.2 *Transformational Leadership*

Transformational leadership has emerged as a response to the multitude of changes occurring in society, politics, and organizations. Among these shifts is the intensification of competition between organizations, particularly in attracting and retaining qualified personnel. At the same time, employees' expectations and attitudes toward work have evolved significantly. As a result, leaders are increasingly challenged to recruit and retain skilled staff while fostering engagement and long-term commitment (Pundt & Freidemann, 2012, pp. 28f.).

In this context, leaders must be able to inspire and emotionally engage their employees. The central goal of transformational leadership is to align individual goals with those of the organization, so that employees, leaders, and the organization as a whole strive toward a shared, higher purpose. This alignment promotes intrinsic motivation among employees, thereby enhancing both their performance and satisfaction (ibid.).

To support this transformation, shifting short-term personal interests toward shared, long-term values and ideals, leaders must exhibit four core behaviors, which together define transformational leadership (Heyna & Fittkau, 2021, p. 7).

The first of these is idealized influence, which emphasizes the leader's role as a moral and behavioral role model. Leaders must consistently embody the values and ideals they wish to instill in others. By doing so, they strengthen their credibility and moral authority, earning the trust and respect of their employees (ibid.).

The second behavior is inspirational motivation. Leaders should be able to articulate a compelling vision of future developments in a way that is both meaningful and motivating. It is crucial that they share this vision with their team members, allowing them to feel included in the broader change process. While direct influence over outcomes may not always be possible, the leader’s conviction and communication must clearly convey that each individual plays an essential role in achieving the shared vision (Heyna & Fittkau, 2021, p. 7).

The third core element is intellectual stimulation. Leaders are expected to encourage creativity, innovation, and critical thinking among employees. This not only enhances problem-solving capabilities but also fosters greater independence and ownership over tasks and outcomes (ibid., pp. 7f.).

The fourth behavior is individualized consideration, which involves recognizing and responding to the unique needs, strengths, and developmental potential of each employee. Leaders should provide a supportive and protected environment that enables continuous learning and personal growth. By offering tailored support and encouragement, they help individuals unlock their potential and further develop their competencies (ibid., p. 8).

As Pundt and Freidemann (2012) summarize,

“Successful transformational leadership [...] conveys to followers a higher-level idea in which they can become emotionally invested—one that aligns with their own motives and needs, thereby motivating them to commit to it” (p. 29).

3.3.3 *Post-Heroic Leadership*

Post-heroic leadership challenges the traditional image of the leader as the “powerful man at the top.” This approach shifts the focus away from the leader as a central authority figure and toward the collective capabilities of the organization. In contrast to heroic leadership, where knowledge and power are concentrated in a single individual, post-heroic leadership emphasizes the distribution of knowledge and authority throughout the organization. As a result, the organization becomes less dependent on any one leader and, in principle, could continue to function effectively in their absence. Employees are encouraged to act autonomously and take on greater responsibility for their work. In this model, leaders serve more as facilitators or moderators than as sole decision-makers. Accordingly, the expectations placed on leaders evolve, they are now expected to act as empathetic team players rather than authoritative figures (Cibulka, 2024, p. 129).

Post-heroic leadership builds upon the principles of Self-Leadership, operating under the assumption that employees possess the ability to lead themselves. Given this foundation, what employees primarily require from leadership is coordination, rather than directive control. Leaders in post-heroic contexts are therefore responsible for fostering collaboration, ensuring alignment, and supporting the self-directed efforts of their teams (Cibulka, 2024, p. 129).

3.3.4 *Situational Leadership According to Hersey and Blanchard*

Hersey and Blanchard’s situational leadership model emphasizes the importance of adapting leadership styles to the needs and maturity levels of individual employees. The model is based on the assumption that every individual possesses certain abilities, which should be further developed, not only in terms of professional skills but also in relation to personal strengths and weaknesses. This developmental approach benefits both the organization and the individual employee.

Employee maturity is assessed across two dimensions: competence and commitment. Based on this evaluation, employees are assigned one of four maturity levels, each of which corresponds to a recommended leadership style. Importantly, an employee's maturity level may vary depending on the specific task or context. Therefore, effective leadership in this model requires the ability to accurately assess these levels and apply the appropriate leadership style. This demands both sound judgment and flexibility in leadership behavior (Glöcker & Maul, 2010, pp. 35f.).

- **Maturity Level 1 – Directing:** Employees at this stage typically lack the necessary skills and may also display uncertainty or low motivation. The appropriate leadership style here is directing, characterized by a high degree of task orientation and low relationship orientation. Leaders provide clear, detailed instructions on what needs to be done and how to do it. Communication flows predominantly from the leader to the employee, and decision-making authority remains entirely with the leader (ibid., p. 42).
- **Maturity Level 2 – Coaching:** At this level, employees may still lack essential competencies but demonstrate willingness and enthusiasm to perform. The leader adopts a coaching style, which combines high task orientation with high relationship orientation. The leader offers clear direction, engages in dialogue, explains tasks thoroughly, and checks for understanding. Although employees can provide input, the final decisions are still made by the leader (ibid., p. 43).
- **Maturity Level 3 – Supporting:** Employees with moderate to high levels of skill who may lack confidence or motivation benefit from a supporting leadership style. Here, the emphasis shifts toward relationship-building. The leader encourages and supports the employee, offers positive feedback, and promotes autonomy. Simple decisions may be delegated, while more complex ones are made collaboratively. Employees are encouraged to take initiative and contribute their own solutions (ibid., p. 44).
- **Maturity Level 4 – Delegating:** At the highest maturity level, employees possess both the necessary competencies and a strong sense of commitment. The appropriate leadership style is delegating. In this case, tasks and decision-making responsibilities are fully handed over to the employee. The leader provides support only when requested and functions more as a consultant than a supervisor. Communication is usually initiated by the employee, who determines when the leader's input is needed (ibid., p. 45).

The aim of situational leadership is to provide employees with the level of support that best suits their current needs. When leadership is adapted to individual readiness and capacity, it enhances intrinsic motivation, engagement, and overall performance, benefiting both the employee and the organization (ibid., p. 36).

At this point, one might be tempted to view this report as a checklist for "good leadership", implying that leadership effectiveness could be measured by the number of competencies fulfilled. However, such a perspective oversimplifies the complex nature of leadership. In reality, evaluating leadership success is extremely difficult and highly subjective. Uniform criteria for assessing leadership effectiveness do not exist, in part because leadership always involves intricate interpersonal dynamics that cannot be objectively quantified or operationalized (von Au, 2016, p. 4).

It is important to remember that leaders are, first and foremost, human beings, engaged in the ongoing effort to manage complex, often contradictory demands. Despite their best intentions, leaders are bound to encounter limitations, make mistakes, and face setbacks. They are frequently confronted with conflicting expectations and must make decisions under conditions of uncertainty (Herzka, 2013, p. 47).

As Herzka (2013) aptly concludes:

“For direct leadership, this means that neither the right personality traits nor a specific leadership style can guarantee success” (p. 47).

3.4 Practical Models

The following chapter focuses on the examination and analysis of two key models for leadership development: the LEAD Competency Model and the Principled Leadership Development Model. Each model offers a distinct approach to cultivating leadership competencies and systematically shaping leadership identity. A thorough analysis of these models will provide valuable insights that can inform the planning and design of a tailored leadership development program.

In the subsequent subchapters, both models will be explored in greater depth, with particular attention given to their structure, objectives, and potential applications in practice.

3.4.1 *LEaD Competency Model*

The LEaD Competency Model was developed as part of the "Leadership and Development" project (Dörr, Schmidt-Huber & Maier, 2012, p. 419). The project aimed to design a universal, evidence-based, and practice-oriented competency model to improve the selection and development of leadership personnel and thereby enhance leadership effectiveness. The model's universality lies in its adaptability, not only across industries but also across different hierarchical levels. Developed on a scientific foundation, the model is grounded in the understanding that competency is both behavior- and performance-oriented. It is based on the assumption that there are cross-sector leadership requirements that can be represented in the form of core competencies (ibid., pp. 326f.).

The model identifies five overarching areas of competency essential for effective leadership:

1. Strategic Orientation
2. Results Orientation
3. People Orientation
4. Change Orientation
5. Values Orientation

Each area is further broken down into specific facets of effective leadership (Dörr, Schmidt-Huber & Maier, 2012, p. 419).

1. Strategic Orientation includes:

- Identifying market opportunities: anticipating trends and customer needs at an early stage.
- *Developing* visions and communicating purpose: formulating and communicating a compelling vision to provide strategic direction.
- Driving innovation: challenging the status quo, experimenting with new approaches, and incorporating customer feedback (Dörr, Schmidt-Huber & Maier, as of 23.08.2024).

2. Results Orientation focuses on:

- Setting clear and measurable goals,
- Creating a performance and learning-oriented culture, and
- Problem analysis: recognizing complex interdependencies and developing suitable, adaptive solutions, while monitoring progress and learning from mistakes (ibid.).

3. People Orientation comprises four key dimensions:

- Delegating responsibility*,*
- Coaching employees*,*
- Giving feedback*, and*
- Perspective-taking.

Leaders are expected to empower team members by granting autonomy, supporting professional development, offering regular feedback, and demonstrating empathy to help individuals realize their potential (ibid.).

4. Change Orientation encompasses:

- Open and effective communication,
- Building strong working relationships,
- Managing conflicts constructively,
- Providing necessary resources, and
- Effectively implementing change.

A key aspect of this competency is fostering change-readiness by actively involving employees in transformation processes (ibid.).

5. Values Orientation centers on personal integrity and includes:

- Demonstrating authenticity, credibility, respect, and appreciation,
- Promoting self-confidence and personal growth in team members,
- Utilizing positive influence strategies,
- Supporting and motivating others, and
- Managing ambiguity and systemic complexity with a solution-focused mindset (Dörr, Schmidt-Huber & Maier, as of 23.08.2024).

These five competency areas are derived from empirically supported leadership constructs and aim to translate theoretical leadership models into practical tools. The

LEaD model was validated through a qualitative requirements analysis, which included behavioral event interviews with leaders at various hierarchical levels (Dörr, Schmidt-Huber & Maier, 2021, pp. 327f.).

In practice, the LEaD model can be applied through a seven-stage leadership development program designed for diagnosis and targeted growth:

1. Exploration of implicit leadership theories through structured reflection.
2. Current-state analysis via 360-degree feedback.
3. Strengths-weaknesses analysis, supported by coaching, and the development of individualized plans focused on real-world application.
4. A three-month practice phase to implement development plans, with continued coaching support.
5. Follow-up session for reflection, case consultation, and behavioral training.
6. Reassessment using the LEaD tool, if needed, to measure progress and determine whether elements of the process should be repeated (Dörr, Schmidt-Huber & Maier, 2012, p. 427).

3.4.2 *Principled Leadership Development Model*

The Principled Leadership Development Model (PLDM) was developed in response to the observation that many social workers are offered leadership positions shortly after graduation, despite often lacking formal leadership training within their academic programs. As a result, graduates frequently assume roles for which they are not adequately prepared. In contrast, leadership and management training is a standard part of the curriculum in many other professional fields (Bliss, Pecukonis & Snyder-Vogel, 2014, p. 5). This gives other professional groups a distinct advantage over social workers and has contributed to a growing trend in which social organizations are led by individuals without backgrounds in social pedagogy. These leaders often come from fields such as economics, law, or business administration. The authors caution that this shift may jeopardize the social values that underpin such organizations (ibid., p. 8).

In response to these concerns, the PLDM was developed. It is rooted in the core values of social work and designed to meet the practical needs of its participants. The model aims to equip social workers with the leadership competencies they require in practice. It is not limited to students but is intended for all individuals working in the social sector who have little or no prior leadership experience. The overarching goal is to better prepare social workers for leadership roles and to increase the number of social organizations led by professionals from within the social work field (ibid., pp. 6–7).

Unlike many traditional leadership development frameworks, the PLDM is not driven by abstract theory; rather, it is grounded in practice-based knowledge. The model consists of six components, each aligned with specific leadership principles and competencies relevant to real-world leadership in the social sector (ibid., p. 7).

At the heart of the model lies the ethical foundation of social work, as defined by the Code of Ethics of the National Association of social workers (NASW). These ethical principles ensure that the core social values of organizations are upheld. The model also emphasizes the profession’s engagement with vulnerable and marginalized populations. As such, it is essential that social leaders be guided by ethical values that promote both social and economic justice. This ethical grounding is a defining feature of the PLDM and distinguishes it from leadership development models used in other professional contexts (Bliss, Pecukonis & Snyder-Vogel, 2014, p. 8).

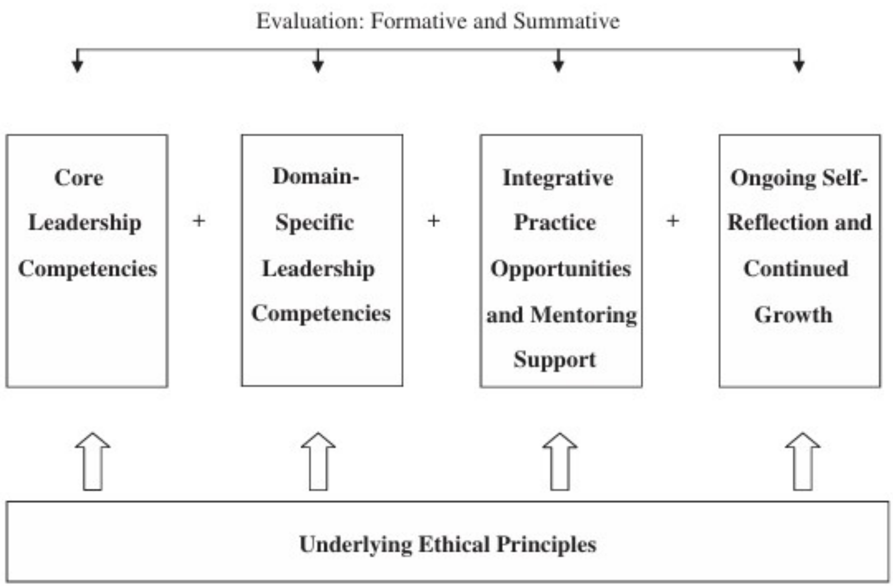

Illustration 2: Principled Leadership Development Model (Bliss/ Pecukonis/ Snyder-Vogel (2014) p. 7)

The first pillar of the Principled Leadership Development Model (PLDM) consists of core leadership competencies. These foundational competencies are intended to be applicable across all areas of social work, regardless of the specific field or practice setting in which participants operate. A set of key competencies was identified to serve as the structural base of the model, competencies that emerging leaders in social work should master. These include:

- Teamwork
- Coordination/Management
- Evaluation
- Advocacy
- Resource Utilization
- Communication

These core competencies form the foundation of the model and are deeply rooted in the core values of the social work profession (Bliss, Pecukonis & Snyder-Vogel, 2014, p. 8).

The second pillar focuses on field-specific leadership competencies. This component acknowledges the diverse and specialized nature of social work, which encompasses a wide range of practice areas, each requiring its own tailored leadership skills. A central challenge in developing a leadership model for social work lies in addressing this variety. Another complexity stems from the differing organizational contexts in which social work leadership occurs, ranging from small nonprofit organizations to large public agencies and even for-profit service programs. Consequently, leadership development must be supplemented with knowledge and competencies that are specific to particular practice areas and organizational settings (ibid., pp. 8–9).

Recognizing that leadership skills cannot be fully developed through theoretical learning alone, the third pillar of the PLDM emphasizes integrative practice opportunities and mentoring. Participants are expected to apply the competencies from the first two pillars within real-world practice contexts. This is supported by experienced social work leaders who serve as mentors, offering both guidance and exemplary leadership. The mentoring relationship enables emerging leaders to apply key competencies, reflect on their progress, and receive personalized feedback. Through this process, leadership development is both experiential and sustained (ibid., p. 9).

The fourth pillar highlights the importance of continuous self-reflection and ongoing growth. While mentor-led reflection is integral to the program, this pillar stresses the role of self-directed reflection as an ongoing professional responsibility. Social workers are encouraged to regularly assess their leadership development, not only during the program but as a part of lifelong learning. Leadership capacity is not fully realized upon program completion; rather, it requires sustained effort, self-awareness, and reflective practice throughout one’s career (ibid., p. 9).

A key feature embedded throughout the PLDM is its focus on evaluation. The program integrates both formative and summative evaluation protocols to support continuous improvement. Short-term feedback allows for adaptive changes based on participant needs, while long-term data help assess program outcomes. Feedback is gathered in a variety of formats, formal and informal, qualitative and quantitative, and is used systematically to refine the structure and content of the program for future cohorts (ibid., p. 9).

3.5 Proposed Leadership Workshop

As outlined in the introduction, the aim of this report is to design a scientifically grounded continuing education program informed by theoretical insights. Based on the academic foundations established throughout this work, a syllabus has been developed (see Appendix) for a training program tailored to emerging leaders in the field of social work.

This training is designed for students of social work and is intended to be integrated into their seminar schedule. It is suitable for both Bachelor's and Master's level students, with adaptations made according to participants’ prior knowledge and academic background. For Master's students, a more critical engagement with the content is expected, and the topics may be explored in greater depth. Similarly, the suggested teaching methods may be modified or replaced with alternative approaches to better align with the academic level of the participants.

The training consists of 32 instructional hours, each lasting 45 minutes. Rather than a semester-long course, the proposed format is an intensive block seminar conducted over three consecutive days. Each day includes four sessions, with each session comprising two instructional hours (i.e., 90 minutes), resulting in a total of twelve seminar units. A variety of media, instructional methods, and group formats are employed to ensure an engaging and participatory learning environment.

Day 1: Foundations of Leadership in Social Work

The first day begins with an introductory session in which participants get to know one another, and organizational details are clarified. This is followed by an overview of the seminar's topic, emphasizing the relevance of Leadership in Social Work and Leadership Competencies. The concept of competency is examined in more detail, laying the groundwork for the rest of the seminar. In the final two sessions of the day, participants deepen their understanding of leadership-related competencies through small group work and collaborative exercises.

Day 2: Leadership Practice and Competency Application

The morning of the second day focuses on the theory and practice of leadership. The first two sessions address the challenges specific to leadership roles in social work, followed by a lecture on modern leadership models. In the afternoon, the seminar transitions to applied methods. Participants are introduced to two practical tools: one that supports the understanding and facilitation of change processes, and another that enhances perspective-taking and promotes problem-solving through communication and collaboration.

Day 3: Competency Development and Self-Reflection

The final seminar day begins with a theoretical presentation on the competency development model by Erpenbeck and Heyse, delivered via PowerPoint. This is followed by two interactive sessions. First, participants engage in a collegial case consultation; second, they apply a structured method that encourages them to reflect on their own competencies, give constructive feedback to peers, and receive feedback in return. The seminar concludes with a final session dedicated to group reflection and evaluation of the entire workshop experience.

This training is designed to promote active participation and encourage meaningful exchange among participants. By the end of the seminar, students will have acquired a foundational understanding of leadership in social work, leadership competencies, and the concept of competency development. Moreover, they will be familiar with practical tools and methods they can apply in diverse professional contexts throughout their careers.

4 Competency Training

When leaders or aspiring leaders seek to further develop their competencies, they can choose from a range of available opportunities. This chapter focuses on the analysis and application of competency-based training for leaders. It provides an overview of existing training programs and leadership development models, along with an in-depth examination of various methodological approaches.

This diversity of methods and frameworks serves as the foundation for the evidence-based, practice-oriented planning of customized leadership training. The chapter concludes with the presentation of a tailored training concept designed to meet the specific needs of emerging leaders.

4.1 Methods

This section presents and explains seven distinct methods, each of which contributes to the development and strengthening of various competencies. Within the framework of this report, these methods play a central role in formulating practical recommendations and designing training modules. They provide a systematic foundation for the development and implementation of effective strategies in real-world professional practice.

4.1.1 *Personal SWOT Analysis*

The SWOT analysis is a widely used strategic tool for evaluating the internal and external conditions of a company or project. However, it can also be effectively applied for personal development by analyzing internal factors and external influences. In this context, the internal analysis focuses on objectively assessing one’s own strengths and weaknesses, while the external analysis involves identifying opportunities and threats in the surrounding environment. The acronym SWOT, standing for Strengths, Weaknesses, Opportunities, and Threats, captures these four dimensions. The core premise is that individuals who actively reflect on these elements can more intentionally and purposefully shape their personal and professional competencies (Eremit & Weber, 2016, p. 18).

The implementation of a personal SWOT analysis begins with structured self-reflection. Participants are asked to identify their personal strengths and weaknesses, as well as the opportunities and threats they may encounter in their external environment.

In the first step, participants focus on identifying their strengths and recognizing the opportunities available to them. This includes reflecting on their unique abilities, distinguishing characteristics, personal goals, and ways in which they can utilize and further develop their strengths. In addition, they are encouraged to assess their environment in order to identify opportunities in which their strengths may be particularly effective or advantageous (ibid., p. 19).

The second step addresses weaknesses and their corresponding opportunities. Participants are encouraged to view their weaknesses not as fixed limitations but as areas for potential growth. They reflect on the skills or attributes in which they may lag behind others and consider both personal and external actions that could help reduce or overcome these weaknesses. The exercise then prompts participants to identify potential opportunities that may arise from addressing and improving in these areas (ibid., p. 19).

The third step explores the interaction between strengths and threats. The aim is to strategically apply personal strengths to manage or mitigate external risks. Participants are guided to identify current changes or challenges in their environment and evaluate how their strengths can help them respond proactively. This includes considering how to differentiate themselves from others, locating specific risks, and assessing their potential impact. The process encourages participants to match their strengths to specific threats, determine whether additional competencies are needed, and reflect on common pitfalls and how to avoid them (Eremit & Weber, 2016, pp. 19–20).

The final step focuses on weaknesses and the threats they may amplify. The goal here is to raise awareness of how certain vulnerabilities may increase exposure to external risks. Participants are encouraged to reflect on strategies to minimize these weaknesses in order to reduce susceptibility and enhance their ability to manage associated challenges effectively (ibid., p. 20).

Illustration 1: SWOT- Analyiss (2020)

The insights gained from the SWOT reflection are then visualized in a SWOT matrix (see Figure 1). As a result, participants should be able to develop both a strengths/weaknesses profile and an opportunities/threats profile based on their completed overview. These two profiles form the foundation for deriving personal and strategic action recommendations in the next step (Eremit & Weber, 2016, p. 20).

4.1.2 *Idea Carousel*

The Idea Carousel is an interactive method designed to serve as an introductory activity in workshops. It enables participants to generate their own ideas on a topic and to recognize how much they may already know (Writing Support, University of Teacher Education FHNW, as of 02.09.2024). In the context of a workshop on competency development, this method can be particularly effective in encouraging reflection on existing knowledge and the perceived importance of various leadership competencies.

Procedure:

Participants are divided into small groups of four. Each group receives a large sheet of paper and four pens. At the center of the sheet, one of the four core leadership competency areas is written, each group focuses on a different area (though this division is flexible). The sheet is then divided into four equal sections by drawing two diagonal lines from corner to corner, forming an “X.” Each group member sits in front of one of the sections.

The exercise proceeds in timed rounds:

- In the first round (2 minutes), each participant independently writes down as many leadership competencies as they can think of that relate to their assigned area.
- After two minutes, the sheet is passed clockwise, and participants read what their neighbor has written. They then have one minute to add further competencies to the new section in front of them.
- This rotation and writing process continues until each participant has contributed to all four sections.

After the writing rounds, each group has five minutes to discuss which of the listed competencies they consider especially important for their assigned competency area. The final output, a poster summarizing key points, is then presented to the entire group (Writing Support, University of Teacher Education FHNW, as of 02.09.2024).

The goal of this method is twofold: First, it prompts participants to reflect on which leadership competencies they personally consider essential. Second, it fosters mutual learning by revealing what others value in effective leadership. This collaborative activity also initiates self-reflection, encouraging participants to consider whether they already possess these competencies or whether there are areas requiring further development.

4.1.3 *Six Thinking Hats*

The Six Thinking Hats is a workshop method designed to support participants in developing structured approaches to problem-solving and in organizing complex topics. The concept originates from Edward de Bono, who argued that problems can be resolved more effectively when viewed from multiple, clearly defined perspectives. Each of the six "hats" represents a different mode of thinking, allowing participants to approach a topic in a structured yet comprehensive manner (University of Koblenz-Landau, as of 08.07.2024).

The method is ideally carried out in groups of six participants, with each person assigned a different colored hat. Each color corresponds to a specific thinking style:

- **White Hat – Analytical Thinking:** The white hat wearer focuses on collecting facts, figures, and objective information. This role involves presenting a neutral and unbiased overview of the topic.
- **Red Hat – Emotional Thinking:** This participant is encouraged to express emotions, intuitions, and gut feelings, without needing to justify them with logic or evidence.
- **Black Hat – Critical Thinking:** The black hat represents a skeptical and cautionary perspective. This person identifies potential risks, limitations, and negative outcomes. Criticism should be constructive and well-reasoned.
- **Yellow Hat – Positive Thinking:** In contrast to the black hat, the yellow hat wearer focuses on benefits, value, and opportunities. Optimism is key, but it must be grounded in reality.
- **Green Hat – Creative Thinking:** The green hat symbolizes innovation. This participant offers imaginative, unconventional, or out-of-the-box ideas, even if they initially seem unrealistic.
- **Blue Hat – Structured Thinking:** The blue hat represents organization and moderation. This participant manages the process, coordinates the discussion, and facilitates decision-making.

4.1.4 *Implementation Process*

The method begins with participants individually familiarizing themselves with a specific topic or problem. Hats are then either assigned or chosen, with each participant adopting one of the six designated thinking roles. A five-minute reflection period follows, during which each participant records key ideas and insights from the perspective of their assigned thinking style.

After this initial reflection, participants share their perspectives in a structured group discussion. Each individual presents their thoughts, and the group collaboratively explores and reflects on the various viewpoints. As an optional variation, hats may be rotated during the session to allow participants to adopt different perspectives and further enrich the discussion.

The session typically concludes with a 20–30-minute moderated discussion, during which all contributions are synthesized and potential solutions or action steps are identified. If a viable solution has not yet emerged, the group may continue the process by rotating hats again to ensure that all six thinking perspectives are fully explored and integrated.

4.1.5 *Relevance to Competency Training*

The Six Thinking Hats method is particularly valuable in the context of competency development for several reasons. It strengthens methodological competencies such as structured problem-solving and effective decision-making. Simultaneously, it promotes social competencies by fostering collaboration, communication, and an appreciation for diverse perspectives. Furthermore, the method cultivates cognitive flexibility, the capacity to consciously adopt and switch between different viewpoints, which is essential for effective leadership and dynamic team environments.

4.1.6 *S.M.A.R.T Goals*

The S.M.A.R.T. method is a widely used tool for formulating clear and precise goals, significantly increasing the likelihood of successful outcomes. SMART is an acronym that stands for Specific, Measurable, Attractive, Realistic, and Time-bound. These five criteria ensure that goals are defined in a concrete, structured, and actionable manner (Eremit & Weber, 2016, p. 94).

The first step in formulating a SMART goal is to define it as specific. This involves clearly articulating what is to be achieved and determining the effort required to reach the goal (ibid., p. 96). Vague or ambiguous goals reduce motivation and hinder effective planning.

A SMART goal must also be measurable. This means that its outcome can be assessed through either quantitative or qualitative indicators. To enable this, both the current state and the desired outcome must be identified. Next, measurable criteria should be established to track progress between these two points (ibid., p. 96).

The third criterion is attractiveness. A goal must hold value for those involved; otherwise, motivation to pursue it may be low. The level of personal commitment is directly tied to the perceived benefits of achieving the goal. At the same time, the level of difficulty must be appropriate—goals that are perceived as unattainable can lead to frustration, while those that are too easily achieved may not stimulate engagement (Eremit & Weber, 2016, pp. 96–97).

A SMART goal must also be realistic. This entails evaluating in advance whether the necessary skills, time, and resources are available. If these factors are not considered, the risk of abandoning the goal prematurely increases. Therefore, it is essential to ask whether existing abilities or resources can be utilized, what additional skills or tools are required, and whether external support is needed and accessible. Potential risks should be identified early on to minimize their impact (ibid., p. 97).

The final component is the timeframe. A SMART goal must include clear start and end dates. To support implementation, deadlines and interim milestones should be established. These help reduce uncertainty and maintain focus throughout the process. If a milestone is missed, it should prompt reflection, and predefined consequences may be applied. Creating a timeline, with clear beginning and end points and key milestones, can provide structure and accountability (ibid., pp. 97–98).

Goals can also be differentiated into short-term, medium-term, and long-term objectives. This tiered approach enhances motivation by offering visible progress markers. Short-term goals are focused on the near future and provide quick feedback. Medium-term goals help maintain direction and allow for course corrections. Long-term goals represent the broader vision or ultimate objective (ibid., pp. 94–95). Most intrinsic motivation is driven by understanding why a goal matters, rather than simply knowing what to do or how to do it.

To promote understanding and practical application, participants should be introduced to the SMART method and encouraged to formulate a personal goal using its principles. This exercise allows them to assess the method's relevance and decide whether they wish to incorporate it into their own goal-setting practices.

4.1.7 *Walk and Talk*

Many people have experienced that conversations held while walking often feel more natural and relaxed than those conducted in a formal, face-to-face setting. Walking side by side can facilitate the flow of dialogue by reducing the pressure of direct eye contact and minimizing social discomfort.

The Walk and Talk method is designed to promote open and meaningful exchanges between participants on a specific topic. Participants form pairs and go for a walk together. These pairs may be self-selected, randomly assigned, or designated by the workshop facilitator. Each pair is given approximately 30 to 45 minutes to discuss the assigned topic. Optionally, participants may be asked to alternate roles, such as speaker and listener, at regular intervals to ensure balanced participation.

After the walk, the group reconvenes in the workshop space to share the outcomes or insights from their conversations (Reuter, 2020, p. 177).

Depending on the learning objectives, this method can be effectively used at various stages of a workshop:

- **As an opener**: Participants may reflect on past situations in which they required specific leadership competencies.
- **During the main content phase**: The focus could shift to discussing personal definitions of effective leadership or exploring different leadership models.
- **As a closing activity**: Participants may reflect on key insights gained during the day or workshop, allowing for a thoughtful and reflective conclusion.

This method not only encourages dialogue and reflection but also offers a physical and mental break from the typical indoor workshop environment, enhancing both engagement and learning.

4.1.8 *Islands of Competence*

Developed by Daniela Reuter (2020), the Competency Island method is designed to help participants explore both their self-perception and how they are perceived by others. It also fosters respectful communication and the exchange of constructive feedback.

To implement this activity, a moderation kit is required, including various colored moderation cards and tape. Each participant begins by using tape to outline their own "island" on the floor. Using materials from the kit, they then design and personalize their island individually.

Participants write down their professional skills and knowledge on moderation cards, specifically, the competencies they regularly apply in their work. Additionally, they are asked to note areas where they feel there is room for improvement. All cards are then placed visibly within the boundaries of their island.

Once the islands are completed, participants are invited to visit one another's islands. During this phase, they read the listed competencies and provide written feedback, noting where the individual seems particularly skilled and where further development may be beneficial. Positive impressions and strengths should be acknowledged and expressed openly. The feedback is recorded on moderation cards and attached to the respective islands, allowing participants to take the feedback home and reflect on it further.

Following the feedback round, participants form pairs to reflect on the input they received. In these one-on-one conversations, they discuss their reactions, key insights, and personal takeaways from the experience (Reuter, 2020, p. 163).

This method is most effective in groups where participants already know and trust one another. A positive and open group atmosphere is essential to ensure that feedback is offered in an honest, respectful, and constructive manner.

4.1.9 *Six Stages of Change*

An essential leadership competency is the ability to facilitate and manage change effectively. This method introduces participants to the six stages of change, providing a structured framework that can be applied to future leadership challenges. By understanding these stages, leaders can better guide themselves and others through change processes in a structured, empathetic, and goal-oriented manner (Eremit & Weber, 2016, p. 119).

The model assumes that change occurs in distinct, sequential phases, each with unique characteristics. While these stages build upon one another, individuals may move through them at different paces or even regress to earlier stages, depending on their personal experiences and circumstances (ibid., p. 119).

1. **Shock Phase**

   In this initial stage, individuals first become aware, or are informed, that change is necessary. Common reactions include resistance, emotional paralysis, denial, or outright rejection. Rational arguments are often ineffective, as people are typically overwhelmed by strong negative emotions such as anger, fear, or frustration. There is little to no motivation for change, and active engagement is usually avoided. What is most needed in this phase is time, patience, and the opportunity for emotional processing. Reflecting on past experiences with change or considering the consequences of inaction can also be helpful (ibid., p. 120).

2. **Awareness / Realization**

In this phase, individuals begin to cognitively recognize the necessity of change, although no concrete action is taken. Engagement remains primarily intellectual rather than behavioral. This stage can be prolonged, only transitioning to the next phase when people start to adopt a solution- and goal-oriented mindset. To support this shift, it is helpful to reflect on which aspects should remain unchanged, what specifically needs to change, and to imagine how the future might look once change has occurred (ibid., p. 121).

3. **Reorientation**

The defining characteristic of this stage is motivation. Attention shifts from the problem itself to potential solutions and a more positive outlook on the future. There is a desire to initiate change, often accompanied by experimentation with new behaviors or ideas. Leaders in this phase should reflect on what is necessary to sustain new behaviors and identify situations where maintaining change may be particularly difficult. This stage provides an opportunity for creativity, planning, and building momentum (ibid., p. 121).

4. **Action**

In this stage, the mental readiness developed earlier is translated into concrete behavior and active implementation. It is the most dynamic phase, often marked by significant activity and energy. However, it also carries the highest risk of regression due to the effort involved. To mitigate this, it is important to develop detailed implementation plans and to seek external support such as coaching or peer feedback. Celebrating early wins can also reinforce progress (ibid., p. 122).

5. **Perseverance**

During this phase, individuals work to maintain their progress and avoid relapsing into old habits. The key is to conduct a realistic assessment of personal motivation and to identify triggers that might lead to setbacks. Reflecting on high-risk situations and developing strategies to manage them proactively is essential. Recognizing and celebrating small successes can help sustain motivation and commitment (ibid., pp. 122–123).

6. **Stabilization**

In the final stage, the change is fully internalized and has become part of the individual's routine behavior. Setbacks are now unlikely, and the new behavior is perceived as normal. The change is experienced as positive and enduring, with little conscious effort required to maintain it (ibid., p. 123).

This six-stage model not only supports effective change management but also serves as a valuable bridge to other methods, such as the SMART goal-setting framework, enabling participants to plan and implement their personal or organizational goals more systematically (Eremit & Weber, 2016, p. 124).

5 Critical Reflection and Conclusion

The syllabus developed in this report was designed with the aim of introducing social work students to the topic of leadership and providing them with an early academic and practical engagement with leadership principles relevant to their field. Simultaneously, the seminar offers a valuable opportunity for students to reflect on leadership from a scholarly perspective during their studies. Of course, the proposed syllabus is not exhaustive. A twelve-unit seminar cannot offer a deep or comprehensive mastery of leadership competencies. However, it can lay an important foundation, one that students can build upon through further academic inquiry and, most importantly, through professional practice.

The combination of theoretical input, professional dialogue, and hands-on methods provides a well-rounded introduction to the demands placed on leaders in social work and the competencies required for effective leadership. It would be unrealistic to expect participants to acquire entirely new competencies over the course of a three-day seminar. However, through applied methods, students can gain awareness of their existing strengths, identify areas for improvement through self-reflection and feedback, and initiate a longer-term developmental process.

The seminar's potential could be significantly enhanced through a practice-integrated format. Embedding the training into real-world settings would provide students with greater opportunities to apply and deepen their learning, better preparing them for leadership roles. Both the LEaD Competency Model and the Principled Leadership Development Model emphasize the importance of practice-based support in the development of emerging leaders. In this context, it would become more realistic to expect measurable growth in leadership competencies. Such an expansion is strongly recommended.

However, before this seminar can be implemented, a corresponding module must first be created within the social work curriculum. Additionally, a qualified instructor is essential, someone with both deep subject-matter expertise and a commitment to ongoing professional development. This person should be familiar with the specific challenges of leadership in social work and be capable of facilitating rich, reflective group discussions and introducing new perspectives.

If these conditions are met, and if students engage meaningfully with additional academic literature, the seminar can make a valuable contribution toward preparing them for leadership responsibilities. It can foster not only a foundational understanding of leadership, but also a sense of confidence and readiness to assume such roles in the future.

Beyond the proposed format, the seminar also offers broader potential for adaptation and application. For example, it could be developed into a continuing education course for practicing social workers or current leaders in the field. In this context, seminar units could be shortened, restructured, or modified to emphasize practical experience, peer consultation, and application in real-world settings. Content and methods could be tailored to reflect the knowledge, experience, and needs of different participant groups. Major structural changes would not be necessary, as the existing syllabus provides a solid framework encompassing key leadership competencies in social work. The content is grounded in academic research and has been integrated accordingly.

Importantly, the concept is not limited to the German context. Rather, it is intended for use in a variety of international settings. In principle, the syllabus can be applied across countries and regions. However, individual sessions or elements may require adaptation to fit local cultural norms and values. Leadership challenges in social work can vary greatly, not only across nations but also across sectors, regions, and organizational structures. Interpretations of leadership and leadership dynamics may differ significantly from those common in Germany.

This became particularly evident during the Summer School of the project "Leadership and Advocacy: Competence Development for Social and Health Professions." During this international exchange, project partners from different regions, including Jordan and the Palestinian territories, shared their perspectives. We observed that the principle of seniority played a much more prominent role in their cultural contexts. Professors and senior participants were rarely challenged, and their authority often went unquestioned. This experience underscored the reality that, while leadership may be defined similarly across cultures, its practice and interpretation are culturally embedded and context-specific.

Accordingly, for the concept to be internationally applicable, it must remain open to culturally informed adaptations.

Finally, the seminar must be regularly revised to maintain both its academic rigor and practical relevance. This can only be achieved through the continuous integration of new research findings and the systematic inclusion of participant feedback. Ongoing reflection and revision will ensure the seminar remains a dynamic and effective tool for preparing future leaders in social work.

6 Syllabus

	Topic	Session Content	Learning Outcomes	Methods	Media
Day 1					
8-10	Introduction	Introduction round with icebreaker, Presentation of the seminar plan, organizational matters	Participants established initial group rapport, got to know the workshop leader, and became familiar with the seminar setting. They were able to clarify organizational matters, understand the schedule, and agree on break times.	Icebreaker	Flipchart or PowerPoint with outlined seminar schedule
10-12	Competencies	Exploring the relevance of leadership in social work and defining key leadership competencies. Introduction to the concept of competence, followed by group work in small groups	- Participants gained a basic understanding of the topics *"Leadership in Social Work"* and *"Defining Competencies in Leadership."* They became familiar with various definitions of competence. -Participants collaborated in groups to identify and categorize leadership competencies, gaining an overview of personal, social, methodological, and professional skills.	Traffic circle ideas	PowerPoint presentation, Poster
	Break				

13-15	Leadership skills 1	- Explanation of key personal and social leadership skills - Two small groups present their ideas using the "ideas traffic circle" method - Group discussion with feedback	Participants revisited and deepened their understanding of the theoretical foundations of personal and social leadership competencies through group discussion using visual materials (posters) created earlier. They were introduced to the personal SWOT analysis method and practiced applying it.	Personal SWOT analysis, Breakout Groups	PowerPoint, Poster
	Break				
15:30- 17:30	Leadership skills 2	-Methodological & Technical Skills Overview -Group Presentations & Discussion -Poster-Based Reflection	Participants revisited and further explored the theoretical foundations of methodological and professional leadership competencies through group discussion. They were introduced to the S.M.A.R.T. goals method and practiced applying it.	S.M.A.R.T Goals, Breakout Groups	PowerPoint, Poster,

	Topic	Session Content	Learning Outcomes	Methods	Media
Day 2					
8-10	Leadership in Social work	Discussion of common challenges in social work leadership and exchange of possible solutions	Participants explored and discussed common challenges faced by leaders/supervisors in the field of social work, and shared relevant personal experiences. They identified and reflected on potential strategies for addressing these challenges.	Walk and Talk Partner Discussion	Flipchart
10-12	Leadership Models	Introduction to leadership models: Self-Leadership, Transformational, Postheroic, and Situational Leadership	Participants gained a brief overview of contemporary leadership models and various leadership styles relevant to social work.	Lecture	PowerPoint presentation
	Break				
13-15	Application 1 Addressing Change	Overview and application of the *Six Stages of Change* method	Participants became familiar with a specific method for navigating change processes. They practiced applying this method and reflected on its usefulness in future problem-solving scenarios.	Six stages of change	PowerPoint Presentation, Single work
	Break				

15:30- 17:30	Application 2 Problem Solution, Change of perspective and communication	Introduction to the *Six Thinking Hats* method for structured problem-solving and perspective-taking	Participants developed their ability to adopt multiple perspectives and roles in professional situations. They actively practiced communication techniques and problem-solving skills in a collaborative setting.	Six thinking hats	Group work

	Topic	Session Content	Learning Outcomes	Methods	Media
Day 3					
8-10	Competence development	Presentation of the competence development model by Erpenbeck and Heyse	Participants were given an insight into the competence development model according to Erpenbeck and Heyse and are now familiar with the mechanisms and processes of how competences are developed. They can transfer this knowledge to professional life.	Lecture	PowerPoint presentation

10-12	Application 3 Collegial case consultation	Group work on case studies with a focus on problem-solving, reflection, and exploring possible action strategies.	-Participants became familiar with the concept and structure of collegial case consultation. -They practiced discussing professional challenges within a group setting. -They enhanced their ability to reflect on both personal and situational aspects of a case. -Together, they developed apt problem-solving strategies.	Collegial case consultation, Breakout Groups	Presentation Board
	Break				
13-15	Application 4 Reflection and Mutual feedback	Introduction to and application of the *Islands of Competence* method	-Participants became familiar with the *Islands of Competence* method and used it to reflect on their own strengths and competencies. -They practiced giving and receiving feedback in a respectful and appreciative manner, enhancing their communication skills.	Islands of competence, Individual and group work	Individual and group work
	Break				

15:30- 17:30	Evaluation	Group reflection and structured seminar review, including participant feedback	-Participants articulated their individual takeaways from the seminar, identified what they plan to apply in their future practice, and reflected on any unmet expectations. -They contributed to a shared reflection process by expressing their perceptions and suggestions for improvement.		Group discussion

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Project Management for Social Work
Five Modules Using the Example of Planning a Conference on 'Social Work and Democracy'

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Target Group:

Social workers and professionals in the field of social work who wish to deepen their skills in project management, creativity techniques, and event planning, and who are developing a professional event on “Social Work and Democracy”.

Learning Objectives:

- Acquire basic and advanced knowledge in project management
- Learn and practice strategies for objective setting and project development
- Be able to plan, implement, and evaluate effective events
- Develop and apply leadership skills
- Understand and make tangible the connections between democracy and social work

Scope:

5 sessions, each lasting 5.5 hours

Content:

Module 1 Objective Development

Module 2 Team Development

Module 3 Planning of Objectives and Measures

Module 4 Milestones

Module 5 Evaluation

Attachment

Module 1 Objectives development	
Objectives:	• Clarification of key concepts and methods of objectives development in project management • Understanding the meaning and content of SMART objectives • Development of individual (project) objectives and formulation of SMART objectives

Schedule: 10:45 AM - 12:15 PM	Focus: Fundamentals • Welcome and presentation of the course plan • Gathering participants' expectations • Exploring the role of objective clarification • Introducing project management cycle
12:15 PM – 1:00 PM	Focus: Deepening the Fundamentals Introduction Criteria for and definition of projects □ see the attachment 1 Project management cycle □ see the attachment 2
1:00 PM - 2:00 PM	Input and Discussion Situation/Problem Description: Key factors relevant to the project idea, such as the initial situation, symptoms and causes, as well as general conditions, are analyzed (a.o. by evaluating statistics, reports, and surveys). It is also clarified who might have an interest in or influence on the project, who needs to be informed at which stage, and who should be involved in the project work. Additionally, it is reviewed whether similar projects have already been implemented and what useful insights can be gained from them. Objective Development: The desired project outcomes are described. By defining main and sub-objectives, a objective hierarchy is established. The so-called SMART criteria can be used for objective formulation: • Specific (clear and understandable) • Measurable (with defined criteria for verification)
	• Action-oriented (achievable through concrete actions) • Realistic (challenging yet attainable) • Time-bound (a deadline for evaluating objective achievement can be set)

2:00 PM - 3.15 PM	Working Towards and Achieving Objectives Objectives are useful for: ● knowing where we want to go/ what we want to achieve, ● aligning with each other to ensure we share the same vision, ● being able to discuss and agree on changes, ● developing appropriate courses of action, ● recognizing progress and seeing what we have already accomplished, ● knowing when a objective has been reached and setting new objectives, ● assessing the effectiveness and efficiency of our actions and thus the quality of our work, as well as acknowledging successes. What do objectives describe? Objectives describe the state of your target group after they have taken part in your project. What is different from before the project? What has your target group learned, what has changed in them? So when you formulate a objective, imagine that your project went perfectly and has just come to an end. Your target group has accepted all the offers and actively and enthusiastically participated. Differentiation of objectives (key objectives, action objectives) Working group task: Develop a matrix with overall and sub-objectives for the provision of participants at a conference Present the results
3:15 PM – 4:45 PM	Focus: Application and Practice ● Collection of ideas and practicing the formulation of SMART objectives; transfer to own project idea ● Presentations and group discussion
4:45 PM - 5:15 PM	Closing and feedback

Methods	Brainstorming, card questioning and discussion, presentation and group work, exercises using examples and exchange, transfer
Example:	Lehr-Lern-Tagung / Teach-learn conference see the attachment 3

Module 2 Team Development	
Objectives:	- Formation of a Functional Team - Team members know each other and their strengths - Team members develop their tasks and know them - Transparency in decision-making and collaboration
10:45 AM - 12:15 PM	Focus: Getting to Know Each Other and Expectations Introduction & Getting to Know Each Other - “Check-in” Introduction round and getting acquainted (explain the method; assign roles such as note-taker and timekeeper) What does teamwork mean (Rape Žiberna 2022) - Sharing expectations, prior experiences, and agreeing on how to work together; clarifying objectives - Exploring expectations through a World Café format: participants rotate in groups to discuss specific questions - The questions should cover subtopics within a broader theme and be open-ended to encourage brainstorming - The format encourages varied discussions that generate new perspectives - Discussion results can be recorded by all participants at the tables In the final plenary session, the results are reviewed together and can be supplemented by all participants.

12:15 PM – 2:00 PM	Questions for Reflection and Exchange: • What expectations do I have for the project? What topics would I like to explore? What kind of information do I want? What do I want to learn? • What expectations do I have of the other participants? How would I like to be treated? What helps me work well? What do I need for successful collaboration? • What expectations do I have of myself? What contribution do I want to make? How do I deal with challenging situations? What will I do if...?
	Based on these expectations, we will develop our shared and binding working agreement.
2.00 PM – 4.30 PM	Focus: Collaboration and Teamwork Collaboration Exercise - The Eiffel Tower The task is to build the tallest possible Eiffel Tower. It must be freestanding, and each group has the same resources. Materials: Newspapers and tape Time: 15 minutes A reflection and transfer discussion will follow the activity. Introduction and Discussion of Team Roles Exercises on self-perception and external perception; recognizing and reflecting on one's own competencies
4:30 PM - 5:15 PM	Feedback and "Check-out"
Methods:	• Circle of chairs with check-in and check-out • World Café • Social pedagogy exercise • Input (theoretical or informational presentation) • Reflection

Example:	Exercise for collaboration and teamwork

Module 3 Objectives and action plan	
Objectives:	• Safe application of objective and action planning • Understanding the process in project management (project cycle) • Connection to the development and review of SMART objectives • Derivation and structuring of measures • Knowing methods for involving target groups in planning processes
9:00 AM 10:00 AM	Focus: Laying the Foundation • Arrival, presentation of the plan • Objective and action plans - their importance in project management • Distinguishing between objectives and actions • Identifying risks and possible solutions/alternatives (Dounavi et al 2022)
10:00 AM – 12:00 AM	Focus: Building on Existing Knowledge • Clarifying and differentiating types of objectives (output, outcome, impact) • Reviewing the SMART formula • Applying the SMART formula in small groups • Clarifying the connection between objectives and actions • Reviewing existing project objectives and transferring them to one’s own project • Identifying possible risks

12:00 AM - 2:00 PM	Focus: Transfer, Application, and Practice ● Action planning with timeline, resources, and responsibilities ● Introduction to the action matrix (objective, action, resources, time, responsibilities, indicators)
	● Transfer to the project for the Teach-Learn conference (application to one's own project) Example: Brainstroming for objectives see attachment 3 ● Reflection, open questions, feedback, further development ● Logic of deriving actions from objectives ● Structuring actions by identifying responsibilities (who does what), the timeline (when it is done), and the necessary resources or materials (what is required)
1.45 PM – 2:30 PM	● Closing impulse: "Planning as a cyclical process" ● Final feedback using the Five-Finger Feedback method
Methods:	● Presentation ● Group work ● Exercises using practical examples ● Short input with visualization (e.g., flipchart, PowerPoint) ● Example-based group work ● SMART objective cards ● Project structure plan with action matrix
Example:	Chart from the Teach-Learn conference. Please see the attachment 4

Module 4: Milestones

Objectives:	● Description of the function and significance of milestones ● Distinguishing milestones from tasks and objectives ● Independent creation of a milestone plan ● Identifying possible errors in a planning process
9:00 AM - 10:30 AM	Focus: Laying the Foundation ● Welcome, presentation of the schedule and exchange of expectations ● Introducing round with the question: “What do you associate with the term ‘milestone’? ● Gathering participants’ expectations ● Definition and characteristics of milestones in the project timeline ● Milestone content and criteria/ Components of a milestone ● Differentiation: Milestone vs. Objective vs. Task ○ A specific objective has been achieved ○ A defined result has been developed ○ Test or measurement points ○ Events at which ■ something is completed ■ something is initiated ■ a decision is made on the further course of action
10:45 AM - 12:15 PM	Focus: Deepening the topic ● Applying milestones as a project management tool ● How to plan milestones? ● Creating a milestone structure plan (MSP) ● Identifying logical sequences and dependencies ● How do milestones support project steering?

	• Reporting dates and decision milestones • Risks associated with missing milestones • Key question: “What happens if a milestone fails?” • Group reflection: communication with the team, leadership and funders • Understanding milestones as a monitoring tool • Group work and discussion
1:00 PM - 2:30 PM	Focus: Project transfer, application and practice • Milestone planning within one’s own project context • Individual work: creating a personal milestone plan • Peer feedback on the plans • Ensuring sustainability by transferring the work to the Teach-Learn conference project • Collecting common pitfalls and strategies for handling challenges • Group reflection: “What am I taking away from this?” • Feedback on the session
Methods:	• Plan exercises • Card-based brainstorming (card query) • Metaplan technique • Input in the form of a presentation • Individual work • Small group work • Reflection
Example:	milestone structure plan (MSP) □ see the attachment 5

<table>
<tr><th colspan="2">Module 5 Evaluation</th></tr>
<tr><td>Objectives:</td><td>Clarifying the purpose of evaluation
Purpose and benefits of evaluation in social work
Distinguishing types and methods of evaluation
Developing an evaluation concept
Selecting indicators and data collection methods
Using evaluation results effectively</td></tr>
<tr><td>9:00 AM
10:30 AM</td><td>Focus: Fundamentals
Welcome and clarification of expectations
Objectives of an evaluation
What is evaluation? What is its purpose?
Distinction between evaluation, monitoring, research and impact analysis
Comparison of quantitative and qualitative methods
Questionnaires, interviews, group discussions, observations
Selecting appropriate methods
Implementation, documentation and conditions for success
Types of evaluation: formative - summative, internal - external, participatory - classical
Evaluation ethics and data protection
Developing an understanding of basic terms</td></tr>
</table>

10:30 AM - 12:00 PM	Focus: In-depth exploration • Evaluation questions and objective definition • Indicators and reference values • Target group orientation • Planning of time, resources and methods
	• Designing a mini-evaluation • Working on a case study for a project in small groups • Presentation in the plenary session with structured feedback
12:00 PM - 2:30 PM	Focus: Transfer, application and practice • Structure and thematic areas of an evaluation • Creating an evaluation for the Teach-Learn conference project • Developing evaluation questions and objectives • Adopting different perspectives (participants, presenters) • Conducting evaluations • Analyzing evaluation results • Feedback round and defining next steps
Methods:	• Input and presentation • Discussions • Exchange of ideas • Small group conversations • Case studies
Example:	Evaluation form (Teach-Learn Conference) □ see the attachment 6

Literature

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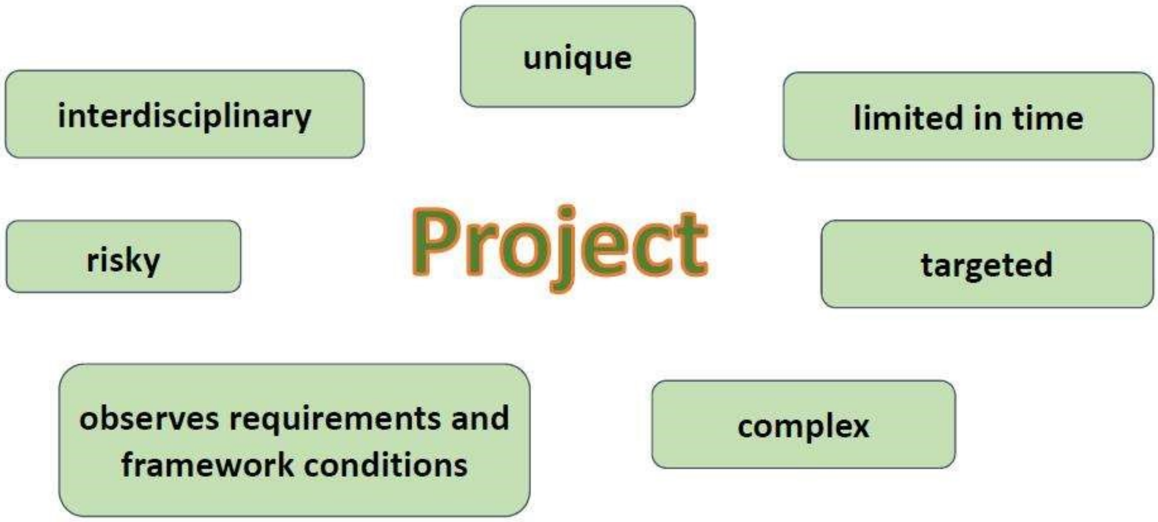
Attachments

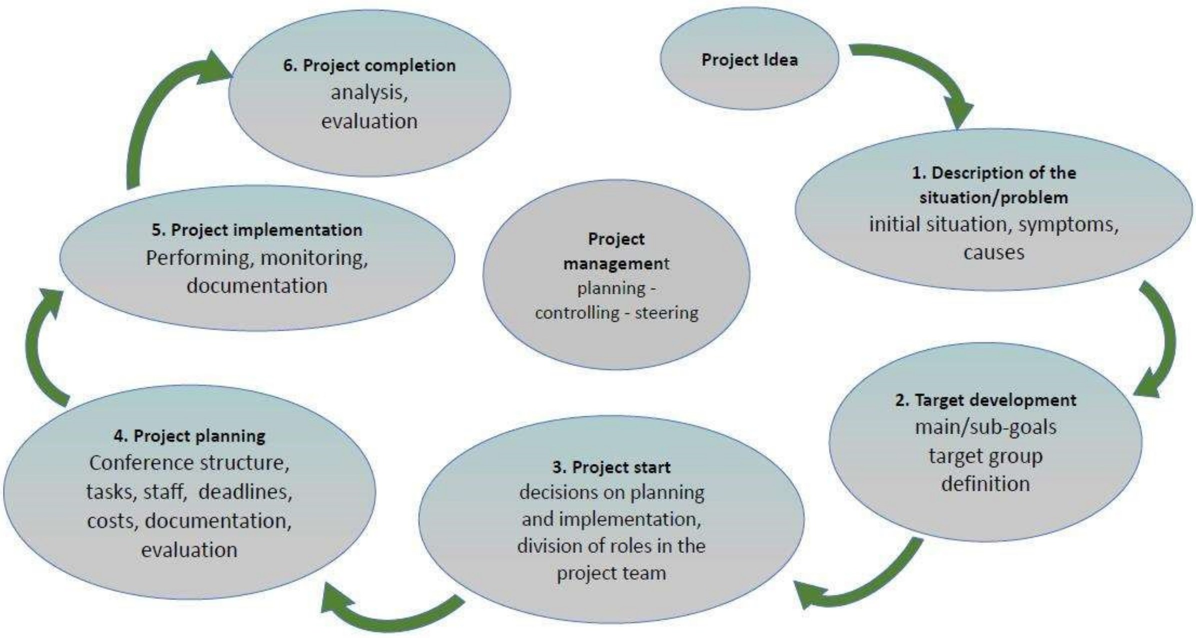
Module 1 Attachment 1: Criteria for and definition of project

Figure: Characteristics of a project

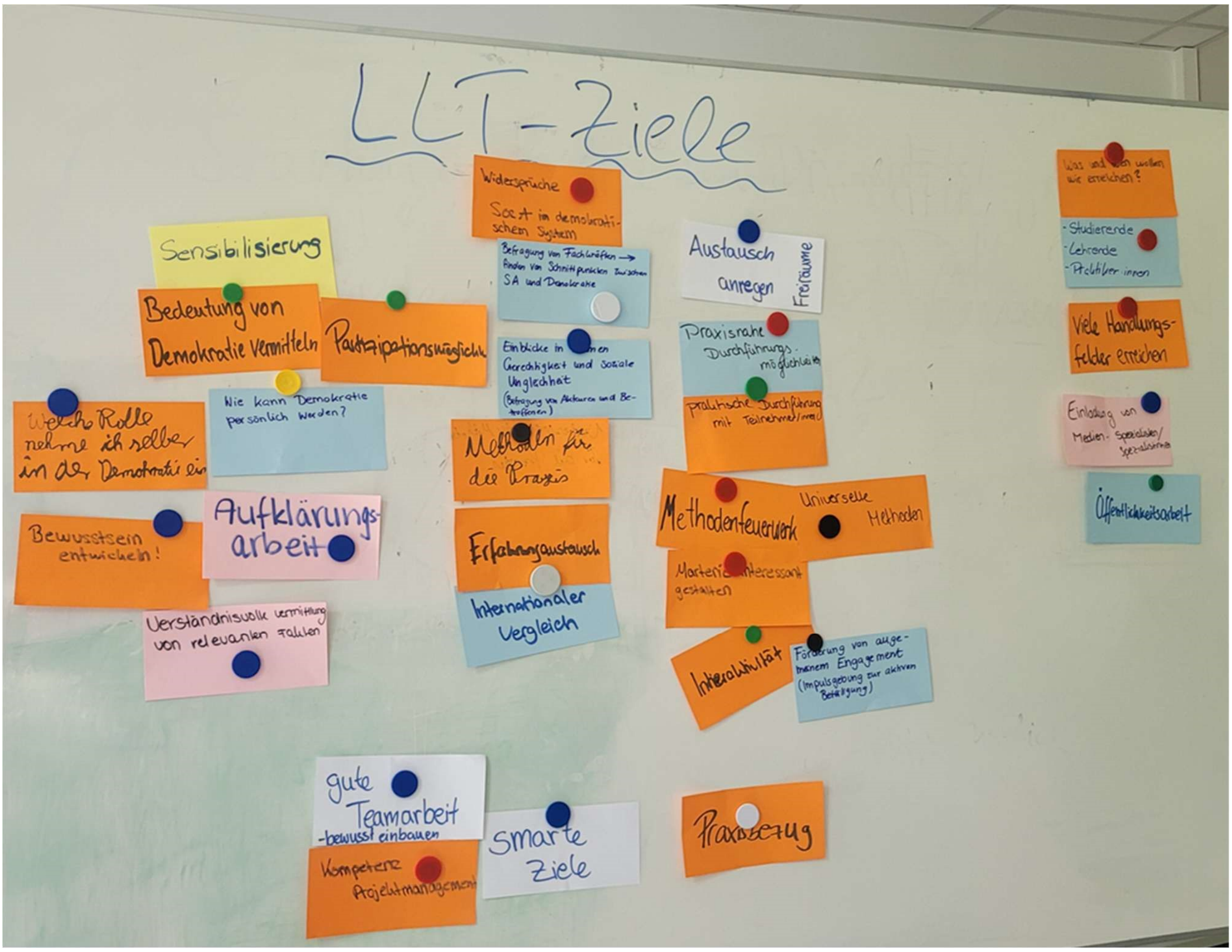


Attachment 2: Project management cycle

Figure: Project management cycle with the phases to be completed (Krane, E. 2020, translated by N.K.)



Module 3 Attachment 3: Example Result Brainstorming Objectives



Attachment 4: Example Teach-Learn conference

Objectives-measures table with indicators according to SMART criteria

SMART Goal	Actions	Indicators (Metrics)
Define a conference theme relevant to social work professionals by 30 June	Conduct target group analysis Research and select suitable topics	Theme documented Target group profile completed
Create a detailed budget not exceeding £30,000 by 15 July	Research cost items Request quotes Approach potential sponsors	Budget plan finalised At least 2 confirmed sponsors
Book a venue for at least 150 participants by 31 July	Compare venues Review and sign contracts	Rental contract signed Venue capacity ≥ 150 people
Confirm a programme with 1 speaker and 25 workshops by 31 August	Contact and confirm speakers Develop workshop concepts	6 speakers confirmed 2 workshops defined
Achieve at least 120 registrations by 15 October	Market via social media, newsletters, and industry platforms Set up online registration	Number of registrations Conversion rates of marketing channels
Define and contract all technical requirements for hybrid delivery by 10 October	Create a list of technical needs Hire service providers Conduct a test run	Technical provider contracted Successful test run
Book catering for 150 people including vegetarian/vegan options by 1 October	Finalise menu options Choose and book catering provider	Catering agreement signed Menu list documented
Publish travel and accommodation information on the website by 15 September	Research transport and nearby hotels Update website	Info page live Website traffic to logistics page
Recruit at least 10 volunteers and assign roles by 1 October	Call for volunteers Create and distribute a task schedule	Volunteer list complete Duties assigned
Collect feedback from 50% of participants within two weeks after the event	Create online survey Send follow-up email	Response rate ≥ 50% Results analysed and documented

Module 4:

Attachment 5: Example Milestone Structure Plan (MSP)

Conference Planning Timeline			
Phase	**Timeframe**	**Task**	**Milestone**
1. Kick-off	01–15 June	Define purpose, audience (social work professionals), and theme	Theme and audience profile finalised
2. Budgeting	by 20 June	Estimate costs, identify funding sources, contact sponsors	Budget plan completed, 2 sponsors approached
3. Venue Booking	by 30 June	Research and book venue for 200 participants	Venue contract signed
4. Programme Dev.	01–31 July	Confirm 1 keynote speaker Design 25 workshop formats	Speaker confirmed, 25 workshop titles drafted
5. Tech Planning	01–15 August	Determine hybrid setup needs, request offers, test system	Tech provider selected, successful test completed
6. Catering	by 20 August	Finalise catering for 200 incl. dietary options	Catering contract signed
7. Marketing	15 Aug – 30 Sept	Launch campaign (website, email, social media)	Registration platform online, campaign launched
8. Registration	01 Sept – 15 Oct	Open registration, manage signups	120+ participants registered
9. Logistics	01–10 October	Share travel info, book accommodation for guests	Info page published, hotel rooms pre-reserved
10. Volunteers	by 05 October	Recruit and brief 10+ volunteers	Volunteer schedule completed
11. Dry Run	10–15 October	Test run with team, tech and logistics	Full rehearsal conducted
12. Event	20 October	Host conference	Event delivered successfully
13. Evaluation	21–31 October	Send feedback survey, analyse data	≥50% response rate, evaluation summary created

Attachment 6: Evaluation Form

Evaluation Form – Event Day

Dear Participant,
Thank you for attending the teaching and learning conference
"Social Work in Contradictions: Challenge accepted?!"
We are very interested in your feedback. This questionnaire is an important tool to evaluate the quality of the event. We kindly ask you to complete the following questions referring to the event day. Thank you very much!

General Information

Gender:

☐ Female ☐ Male ☐ Diverse ☐ Prefer not to say

Which group do you belong to?

☐ Professor
☐ Academic staff member
☐ Lecturer with special responsibilities
☐ Adjunct lecturer
☐ Student
☐ External professional
☐ Other: ____________________

Feedback on Content

Please rate the following statements about the Keynote:
"Between Autonomy and External Control. Theses on Radical Professionalism"

☐ The keynote inspired me to reflect.
☐ I gained new perspectives.
☐ It was a stimulating start to the event day.

Feedback on Workshops

I attended the following workshop (please tick one):

☐ Wilderness Education – Nature Conservation – Social Work ... HUH!?
☐ LVKR: The Prison System (2/2)
☐ Pro bono Internship? When the Social Work Practicum Becomes Precarious
☐ (Precarious) Supervision in Practical Study Semesters
☐ Project Work in Social Work – New Ideas vs. Sustainable Work
☐ Asexuality and Aromanticism (Aspec*)
☐ Staff Shortages
☐ Audism
☐ Child Protection and Feminism
☐ Auschwitz Excursion 2023
☐ Dialectical Thinking and Action – A Tool for Social Work?

Please rate the following statements:

☐ I learned many new approaches.
☐ I took away many ideas for my own practice.
☐ My questions were answered during the workshop.
☐ There were constructive discussions with other participants.
☐ The workshop met my expectations.

Feedback on Teaching Methods and Lecturers

☐ The content was professionally well-prepared.
☐ The content was presented clearly and understandably.
☐ The methods used supported the learning process.
☐ Active engagement with the content was encouraged.
☐ Expectations, wishes, and suggestions of participants were addressed appropriately.

Overall Evaluation

☐ How satisfied were you overall with the event you attended?
☐ How satisfied were you with the organisation of the event?
☐ How satisfied were you with the opportunities for participation?

Open Questions

What did you particularly like?
Answer:
What could be improved?
Answer:
Which topics did you miss at the conference?
Answer:
Thank you for taking part in the evaluation!

PROMOTING HEALTH CARE

Through The Empowerment Approach or Psychosocial Care Through The Empowerment Approach At Higher Education.

NOOR AL HUSSEIN FOUNDATION مؤسسة نور الحسين

معهد العناية بصحة الأسرة
INSTITUTE FOR FAMILY HEALTH

من معاهد مؤسسة الملك الحسين
A King Hussein Foundation Institution

GJU
الجامعة الألمانية الأردنية

Status of the Curriculum:

The curriculum for the Social Work Department at the German Jordanian University was developed as part of the DAAD Leadership and Advocacy Project 2023/2024, in collaboration with local and international experts. Master's students in Social Work were actively involved in the project, conducting scientific research to ensure the curriculum aligns with the educational and professional needs of the field in Jordan.
This curriculum coincides with a historic milestone, as His Majesty King Abdullah II Bin Al-Hussein recently signed a law to professionalize social work in Jordan. By emphasizing standardized education, professional ethics, and evidence-based practices, the curriculum marks a significant step forward in advancing the profession and addressing national priorities.

Authored : Dr. Mohannad Faroun

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Reviewed and Edited :

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German Jordanian University

Introduction

The university stage is one of the crucial phases in a person's life, during which individuals gain their academic And practical experiences. It is a period of active preparation for life, both Psychologically and socially.With the scientific advancements in various aspects of life, there has been a change In the quality of education and its outcomes

There is a pressing need to equip Students with skills, knowledge, and experiences

That meet their real needs and empower them
In different psychological, social, and professional aspects of life. The concept of empowerment is associated With economic and administrative aspects, stemming

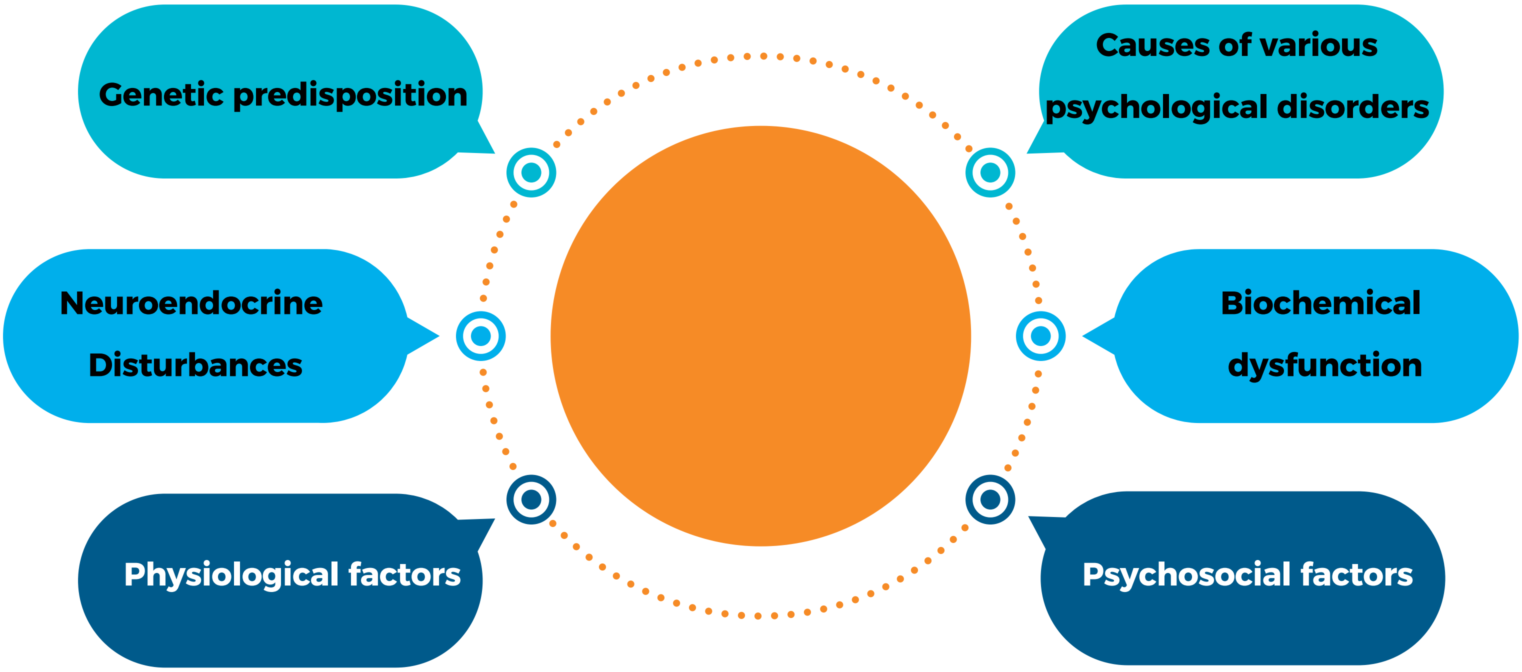
from a belief in an individual's capabilities and self-confidence, along with the development of their skills. Spreitzer pointed out that empowerment is a method and a tool used to motivate individuals to increase their ability to make decisions and take on greater responsibilities. This is achieved by enhancing their sense of the value of the work they do, through alignment between their values, beliefs, goals, behaviors, a degree of freedom in decision-making, and independence. The empowerment process sees individuals as competent and capable when provided with appropriate opportunities.

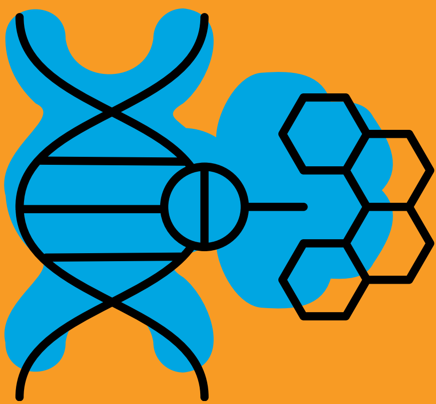
Empowerment enables individuals to effectively bring about change, strengthens them by involving them in decision-making, promotes their self-reliance, and increases their awareness of various services that help alleviate their problems. Therefore, the significance of this training lies in its ability to enhance the capabilities of new graduates in the field of social work, enabling them to find meaningful value in their work. It reinforces positive attitudes and beliefs associated with the importance of their work and its impact

On others, enhancing their ability to make decisions and act independently.This is a course that focus on theory but more practical side, will be providing the students/ trainee .

With the main and the fundamental knowledge for working on empowerment within the interdisciplinary context, that is social work and nurse's practice. By introducing and discussing the values ethics and, principles, local and international and local ethics stressing on the code practice in social work. Students will be able to address any case related to social work within these specific guidelines. the focus on the most salient social issues in empowerment based on cultural context. When students learn on how to conceptualize their acts and working skills within the welfare system and the culture then they will acquire the basic knowledge and developing their skills in achieving professionality in various levels, individuals, families and groups, communities, and organizations This will be supporting their career path within social work profession in health care domain.

Human Development and Behavior





Biological and genetic:

biological-psychological causes and interpersonal relationships:

• Family studies indicate that unipolar depression usually spreads within the family of the case,
which is known as the familial origin of the disease.

• Twin studies: The role played by genes is clearer in studies of twins with bipolar mood disorders when the concordance rate in identical twins is 70-80%.

1

Biological chemistry:

• Neurotransmitters: Antidepressants are useful in increasing the amount or duration of neurotransmitters in the synapse, especially noradrenaline, serotonin , and dopamine.

• Endocrine dysfunction: Decreased activity of the thyroid gland leads to depression, and depressed people also have an increase in cortisol in the blood throughout the day compared to its level in the morning.

• Sleep disorders: Dysfunction of neurotransmitters such as serotonin is responsible for sleep disturbances and its initiation in depressed people.

2

Psychodynamic:

A- Interpersonal relationships: Depression is due to a lack of love and emotional addiction, as Freud mentioned, and anger is redirected to the self.

B- Self-esteem: The tendency to depression is strong among individuals who depend on the love and acceptance of others.

C- Self-esteem: People with depression have low self-esteem

D- Self-esteem: People with bipolar exaggerate their self-esteem during periods of mania.

3

Psychological, interpersonal (social)

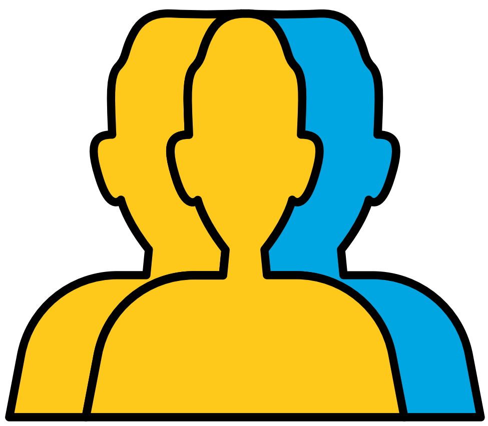
A- Lack of social skills: Skills are the ability to interact with others in the social environment in socially acceptable ways.

B- Lack of social skills: Depression can be the result of a deficiency in social skills.

C- Lack of social support: Here the network of social relationships provides appropriate opportunities for the individual to satisfy his needs when exposed to pressure, such as spouses and friends.

D- Marital disputes: The symptoms of depression in couples who suffer from marital disputes are ten times greater than incompatible couples.

4



Psychological cognitive

Cognitive distortion: Aaron Beck believes that depression is due to the individual's way of thinking in which he processes what he sees

• Of information. He also believes that there is a triangle of pessimistic ideas about the self, the world, experience, and the future.

• Cognitive distortions:

-Selective abstraction.

- Arbitrary reasoning.

- Zoom in and zoom out.

- All or nothing.

- Personalization.

- Generalization and exaggeration.

5

Psychological cognitive (attribution):

6

• Attribution models: Seligman is a symbol of learned helplessness when people are uncontrollably exposed to unpleasant situations.

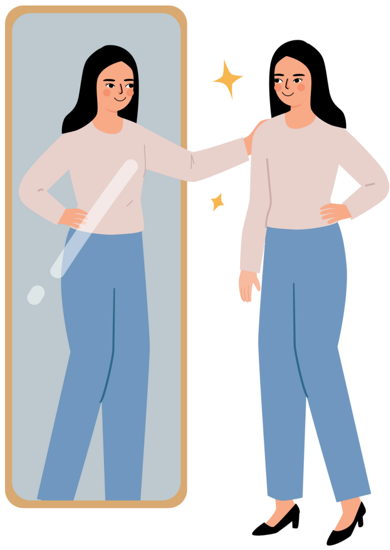
• Attribution style: Depressed patients have an internal, stable and comprehensive style of attribution.

• Targeting stress: Despair develops when a person with cognitive sensitivity is exposed to it.

• Focus on the self: Depressed people focus attention on themselves when they begin with cognitive self-evaluation, and this leads to self-criticism.

• Focus on imagination: Depressed people imagine situations that hinder their performance, and this causes academic, social, and professional problems for them.

• Lack of positive thinking: They have a negative tendency in thinking



Integrative Index:

7

A- Interpersonal relationships: Depression is due to a lack of love and emotional addiction, as Freud mentioned, and anger is redirected to the self.

B- Self-esteem: The tendency to depression is strong among individuals who depend on the love and acceptance of others.

C- Self-esteem: People with depression have low self-esteem

D- Self-esteem: People with bipolar exaggerate their self-esteem during periods of mania.

Teaching and Training Policies

Training Structure

The training material consists of fifteen training units aligned with specific topics and objectives. Each training topic includes an introduction followed by a main section, ending with a summary and conclusion allowing participants the opportunity to discuss and express their opinions.Each training unit is divided into:

Unit Content: A brief introduction to the topics to be covered.
Expected Duration of the Unit:
Interactive Educational Activities:
Theoretical Part: Theoretical modules with a list of references related to empowerment, along with scientific content related to case studies.

Workshop Activities: Practical and interactive exercises in which participants take an active role.

Time Management

Effective time management comes with experience and practice. Two hours will be allocated for training every week. Therefore, it is crucial to have clear training objectives tailored to the trainees' needs, adaptable based on participants' requirements, and considering any emerging demands.
It is essential to adhere to the training course structure.

Break Periods:

Break periods are crucial during the training course. When structuring the training plan, it is essential to consider that there should be rest periods between activities. On the other hand, abrupt interruption of an activity may pose a risk as it inevitably leads to decreased concentration levels. In addition to the planned break periods, which are communicated to participants in advance, you can also allow short, "informal" breaks for participants to relax and recharge without risking losing their focus and concentration on the activity they are engaged in. Finally, as individuals' ability to learn and retain information is greater at the beginning of a training session, it is advisable to schedule the most important content immediately after the break.

Definition of the Group

This definition should allow for the following:
Everyone has the freedom to establish acquaintanceships with other participants.
Participants have the freedom to express their experiences and skills openly.
Trainers should introduce themselves when their turn comes, not necessarily at the beginning or end.

Summary of the Course Objectives:

The theoretical and practical objectives of the training course must be clearly defined for all participants. It is essential to ensure that everyone understands these objectives. This can be achieved by having participants restate the objectives according to their understanding. The usual multiple objectives are:

General Objectives

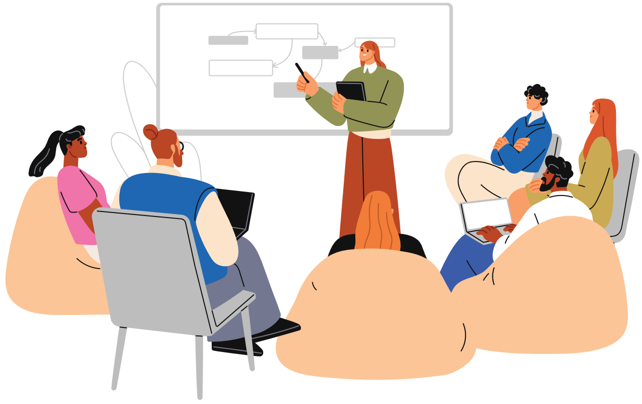
Enhancing participants' knowledge in the specified field.
Improving participants' practical skills related to the training topic.
Fostering a collaborative learning environment where participants can freely share their experiences and learn from each other.
Building confidence and empowering participants to apply the acquired knowledge and skills in real-life scenarios.
Encouraging critical thinking and problem-solving abilities among the participants.
Cultivating a sense of community and mutual respect among the participants, fostering a positive learning atmosphere.
Providing participants with practical tools and resources that can be applied in their respective fields of work or study.
Facilitating networking opportunities among participants, allowing them to establish professional connections and collaborations.
Evaluating participants' understanding of the training content through interactive assessments and discussions.

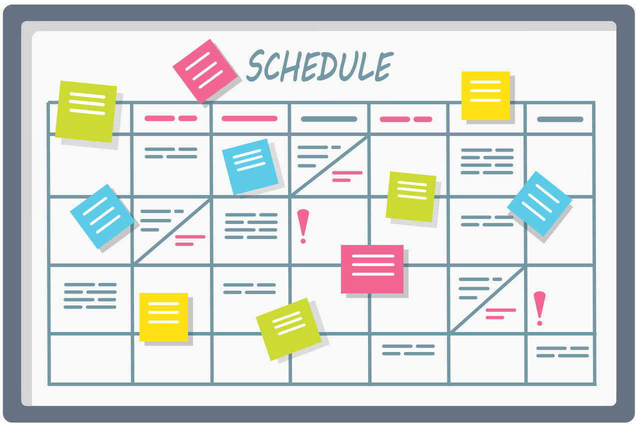
Specific Objectives

Acquire knowledge of interdisciplinary context for social work and nurses (or any health care profession) context within higher education settings
-Demonstrate ability to manage and use empowerment professional competencies practice with individuals, family, and community and within organizations
- effectively understand and analyze concepts of current social work practice and cultural sensitivities within heat care promotion and higher education
To effectively perform within the contexts of vulnerable groups local and international citizens, could be at host community and migrants and refugees.
Creating an Open Discussion Forum for Knowledge Exchange
It is essential to provide participants with the opportunity to exchange their experiences and create a space for discussion. The training course serves as a chance to exchange knowledge and swiftly access information and best practices in a specific field.

Theoretical Training and Learning Activities

For each unit, the toolkit provides theoretical support materials with references that participants should consult throughout the day. Other resources such as online materials for further study on the topic can be recommended. Proposed learning activities are designed to actively engage participants, helping them understand and engage with the subject matter. Each educational activity is outlined in a specific manner, suggesting the equipment to be used for its execution, the process to be followed, and the expected outcomes.





The training materials should be relevant and enable the achievement of the stated educational objectives.
Phase Three: Summarization: "What Will I Take Home?"
To ensure that participants leave with a shared understanding of the knowledge and skills acquired, the final phase involves training that includes the entire group. The goal of this type of training is to encourage each participant to develop their skills and capabilities to the best of their ability.

Trainer's Role:

welcoming everyone
Hello, and thank you for joining this training. Your presence here indicates your interest in developing your skills and expertise. This training includes various interactive activities, so I kindly ask for your cooperation to achieve the desired benefits from this workshop.
Introduction:

The opening session is a fundamental part as it helps set the foundation for the workshop atmosphere. This session assists participants in focusing on why they are attending the workshops and what they need to learn. It provides them with the opportunity to get to know each other and agree on the rules that create an environment of learning, respect, and mutual listening.
This session includes ice-breaking exercises and highlights the program's objectives. A portion of the time is allocated to understand participants' expectations and clarify what can and cannot be achieved through this training. While this session may not involve technical aspects, it is crucial as it captures participants' attention and prepares them for the training program.

General Outcome of the Session

Agreement on fundamental rules that create an atmosphere of respect, active listening, and mutual understanding among organizers and participants.

Specific Outcomes of the Session:

- Getting to know the organizers and facilitators, as well as fellow participants.
- Expressing and realizing expectations.
- Understanding the overall goals and specific objectives of the training sessions and the training methodology.
- Familiarity with the program and logistical arrangements.
- Understanding and agreeing to the basic rules of the training sessions.

Preparation and Motivation

Introduction

Deliver a brief opening speech about the hosting organization of the training program or let one of the responsible persons from the hosting organization give the speech.

Introduce yourself and the other facilitators and staff members participating in organizing the training program. Briefly explain your professional background.

Icebreaking

Emphasize the importance of the "icebreaker" before starting the training, stating that introducing ourselves is the correct way to begin the training program.

Explain that we will get to know each other through an activity.

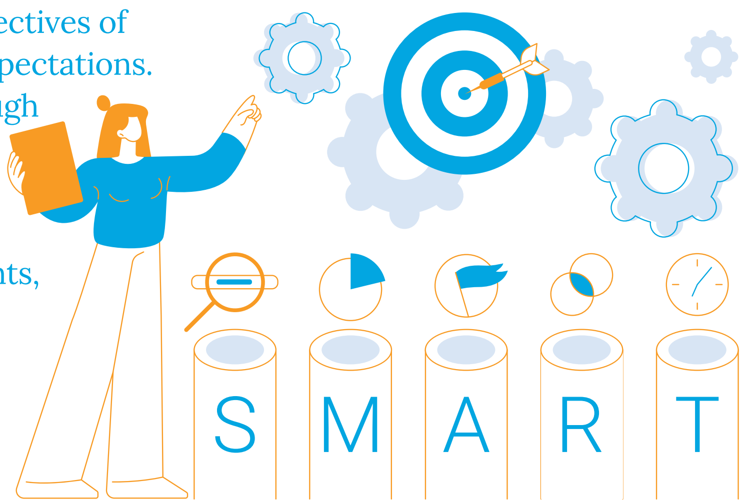
Start by saying: "Hello, I am (mention your name). One of the thoughts that came to my mind on the way to the training program was..."

Choose another participant, ask for their name, then call them by name and say: "Hello, (mention their name). Tell us about an idea that came to your mind on your way to the training program!"

The person should respond similarly, "Hello, I am (mention their name). One of the thoughts that came to my mind on the way to the training program was..." Continue this until everyone has introduced themselves.

Objectives and Plan:

- -Ask participants to explain what they see as the objectives of the training program based on the discussions about expectations.
- Present the objectives of the training program through slides, indicating that these objectives reflect the mentioned expectations.
- Distribute the training schedule to the participants.
- Review the items in the schedule with the participants, explaining how the program's days/sessions were organized to achieve the objectives.



CODE OF CONDUCT

1. - Ask participants to name basic rules they find important for this training program and write down the answers on a flip chart.
2. - The minimum set of basic rules might include (add other rules not mentioned):
3. - Punctuality.
4. - Attendance in all training sessions.
5. - Trust, respect, and reliance on others.
6. - One speaker at a time.
7. - Equal treatment for everyone; no double standards.
8. - Confidentiality.
9. - Strict time management.
10. - Turning off mobile phones.
11. - Open the floor for discussion on how these rules will facilitate training and create a safe environment.
12. - Ask participants if they have anything to add; otherwise, state clearly that these are the basic rules agreed upon by the group.
13. - Write down these rules on a flip chart and display them on the wall.

The person should respond similarly, "Hello, I am (mention their name). One of the thoughts that came to my mind on the way to the training program was..." Continue this until everyone has introduced themselves.

Expectations:

- Divide participants into four groups and ask them to spend a few minutes writing their expectations of the awareness training program on a sticky note. Inform them that they need to write expectations they want others to be aware of.

- Ask participants to discuss these expectations within their groups for two minutes.
- Ask a representative from each group to share the expectations with the rest of the participants.
- Ask one participant to write these expectations on a flip chart.
- Explain whether the training will address all the presented expectations or not.
- Explain if there are other expectations for the workshop that were not mentioned.
- Post the expectations on the wall.

HOMEWORK ASSIGNMENT:

After the end of each training day, participants will be given a homework assignment. This assignment could involve researching a topic, practicing a skill, or analyzing and critiquing specific issues.

Session Two

Principles, Values, and Ethics in Social Work:

Respect for human dignity and advocating for those rights, helping them participate in decision-making and determining their fate.

Social workers respect the basic human rights of individuals and groups, considering them equal in rights and duties, in line with the Universal Declaration of Human Rights

Professional responsibility towards oneself, colleagues, profession, clients, and the community

Enhancing the beneficiary's ability to make his/her own life decisions and determine his/her fate, helping individuals, groups, and communities become more self-directed

The problems of beneficiaries are considered private and confidential matters that must be protected.

Supporting equality among individuals in society and opposing discrimination based on gender, age, disability, color, social class, religion, language, or political beliefs, and commitment to solidarity with the marginalized

Caring for international justice and equality, respecting different customs, cultures, beliefs, and needs, and developing a sense of responsibility, while countering uncoordinated practices and policies

Promoting social justice in the distribution of resources, especially scarce resources, regardless of cultural context, and achieving global solidarity as an undeniable life reality not subject to debate or discussion

Social workers must promote public welfare from the local level to the global level, developing individuals, their communities, and their environments, and developing resources to meet individual, collective, and international needs and aspirations

The professional responsibility of social workers for their professional actions, and their awareness of improving the quality of life for beneficiaries, focusing on the tasks they perform, with an understanding of advanced civilization

Training Procedures

The trainer divides the participants into pairs

Each pair is required to discuss the card containing the principles, values, and ethics in social work

Each pair is asked to write down the actions they will take to ensure the implementation of the principles mentioned on the card.

The trainer asks each pair to discuss their findings and present them to the rest of the group.

The trainer displays the principles, values, and ethics for social workers on a presentation board and summarizes them for the participants.

Session Three

Empowerment: Definition: Empowerment, in its original sense, means giving authority or power. The use of the terms authority and power appears common in various definitions of empowerment. For example, Legge argued that the term empowerment should be considered in the context of role distribution, where it enhances equality in authority and power for the sake of trust and cooperation.

The concept of empowerment emerged in the 1980s and gained more prominence in the late 1990s due to the focus on human resources. This was emphasized in the field of social psychology, notably associated with the social scientist Julian Rappaport (1981). However, the roots of the empowerment theory can be traced back to the history of social theories, particularly with the emergence of Marx's social theory

Empowerment is defined as increasing an individual's ability to control their life, as indicated by the following indicators:

1- Health (ONES HEALTH):

This refers to the ability to control one's mental and physical health. Professionals in social work and healthcare sectors are often affected by mental stress due to the pressures they face in helping others. Numerous studies have indicated that professionals in the human services field experience psychological pressure, especially when they feel helpless in aiding others. When individuals are exposed to accumulated psychological stress, it can lead to burnout, which is the highest level of work-related psychological stress. This undoubtedly impacts physical health; negative emotions deplete an individual's energy levels, rendering them unable to perform activities. Moreover, these negative emotions have physical consequences.

2- Home (ONES HOME):

This concerns the freedom to choose one's place of residence and its quality. The work in social work and healthcare sectors might limit an individual's freedom to choose their place of residence. Consequently, this restriction might hinder their sense of accomplishment and ability to control their lives.

3- Work (ONES WORK):

This relates to an individual's ability to deal with the requirements of their work, achieved through acquiring qualifications that align with their job nature, and obtaining a suitable income. Social work and healthcare professionals require practical skills to link their theoretical knowledge with practical competence. This limitation might affect their confidence in dealing with real-life situations in the field.

4- Leisure Time (ONES LEISURE TIME):

This refers to how individuals invest their free time. Considering the nature of services provided by social workers and professionals in healthcare, which require continuity and time commitment, these professionals might contemplate the implications of their service during their free time. This can create discomfort, making it challenging for them to effectively utilize their leisure time.
5- Values (ONES VALUES): This pertains to the values and attitudes that an individual possesses, which influence their life. Refraining from judgment is a fundamental principle in providing services for social workers and professionals in the healthcare sector.

Training Procedures:

Explanation of Empowerment Concept:
The trainer explains the concept of empowerment through a presentation.
Group Division and Discussion:
The trainer divides the participants into six groups, each group focusing on one of the six dimensions of empowerment (Health, Home, Work, Leisure Time, Values).
Each group discusses their assigned dimension, understanding its concept broadly.
Then, each group explains how this dimension impacts social work and how it can enhance the social worker's sense of empowerment.

Group Representatives' Discussion:

A representative from each group discusses what was presented in front of the large group.
The trainer allows input and discussions from all participants.

Homework Assignment:

Research on Empowerment:
Each participant is tasked with researching the concept of empowerment within national and global contexts.

Week: 2 Understanding the Role of Empowerment

Welcome, and second-day review:
-The trainer welcomes the participants, summarizes the training topic in the first week, and allows for discussion.
-The trainer asks each participant to speak for one minute about the homework assignment given to them, and then collects their feedback.
-The trainer presents the agenda for the second day of training and allows for discussion on the selected topics.

FIRST SESSION

Empowerment levels:

1. ## Personal empowerment.

empowerment focuses on giving individuals the power and abilities to make a positive impact in their lives. It is based on competence and self-confidence. Personal empowerment includes empowering individuals to challenge deep-rooted bad habits, which is an educational process that makes individuals active participants in shaping a new vision for their lives. Personal empowerment can also take another form, such as increasing an individual's ability to use essential life skills like problem-solving, communication, negotiation and conflict resolution, time management, and self-care skills.

2. ### Social empowerment

Social empowerment focuses on reordering or radically changing the values and beliefs associated with decision-making. It includes giving hope for creating changes and transformations in community institutions, and promoting freedom, dignity, and self-governance. Social empowerment increases the sense of social responsibility. In another aspect of empowerment, social empowerment can include ways in which individuals can build positive social relationships with others, where they can receive support and encouragement from their social environment. Individuals can build relationships that contribute to achieving mutual benefit and interest.

3. ### Economic empowerment

is about every individual in society having the ability to access sufficient income to live a dignified life and meet their basic needs. The role of social services at the community level is to prepare social workers to participate in the development and management of economic development plans.

4. ### Education empowerment

focuses on developing human resources through a comprehensive understanding of the educational system. The role of social services is to enhance the capacity to participate in formulating and implementing educational policies. At the community level, social services work on addressing issues like school dropout, literacy, and developing educational projects. This level of empowerment can help individuals acquire the necessary knowledge to make informed decisions.

5. ### Political empowerment

focuses on establishing a political system where citizens participate in a manner that influences policy planning that affects their lives. This occurs at both the national and societal levels. Furthermore, political empowerment is the ability to make decisions, increasing an individual's capacity to take responsibility for their choices.

CASE STUDY

The following is presented

Case Study (1):

Fatima is 22 years old. She is a student at the German Jordanian University. She lives with her family in a village. She is considered a very conservative family in dealing with others. She will travel to Germany for a semester, and she feels anxious because of her feeling of inability to deal with the demands of life when she is in Germany.

The trainer divides the participants into four groups and assigns them the following tasks:

- As a social worker, what plan can you make to work with Fatima's case, and help her make the right decision?
- Discuss the options Fatima can make if she makes the wrong decision
- How societal values and beliefs contribute to influencing Fatima's decision.

DISCUSSION

The trainer makes sure that the work of the groups is discussed within the following options:

Firstly: personal empowerment can be achieved by building life skills that provide (Fatima) with the necessary tools to deal with her anxiety. These skills include communication, assertiveness, increasing her ability to say "no," and negotiation skills, ... Etc.

Secondly: social empowerment can be achieved by increasing Fatima's ability to build positive social relationships, form a social support network, and enhance her social role based on mutual interest.

Thirdly: economic empowerment ensures that the social worker helps Fatima meet her basic living requirements, which assists her in making the right decision since her basic needs are fulfilled.

Fourthly: educational empowerment guarantees that she has the minimum knowledge about Germany.

Fifthly: political empowerment ensures the individual's ability to make the right decision and understand the pros and cons of that decision to travel to Germany.

Communication skills:

Divide the participants into two groups, and the attached news section so that a group reads the news without using any of the means of effective communication (without changing in tone of voice,

A large part of the **DAILY DIET** consists of cereals from many parts of the world, which belong to the complex food carbohydrate group, which are rich sources of minerals, vitamins, carbohydrates, oils, proteins, and fats.

Whole grains provide more food and energy and reduce the risk of heart disease, the most important and widespread grains are barley, corn, oats, quinoa, rice, sorghum, and wheat.

THE BENEFITS OF FRUIT

Fruits are inevitably part of healthy diets, rich in dietary fiber, and help improve the functioning of the digestive system and strengthen the immune system, in addition to being natural sources of vitamins and minerals, necessary for the good functioning of the body such as mango, melon, peaches, cranberries, apples, bananas.

Worksheet (1)

Listen to the paragraphs to be read and answer the following questions:

The question:	I strongly agree	I agree	Neutral	I don't agree	Strongly Disagree
I can understand the content more through facial .expressions					
Using a monotone voice during presentations makes me feel bored.					
Not directing a call in the eye makes me distract and lose . focus					
Raising the tone of voice makes me feel the importance of the .content					

20 min

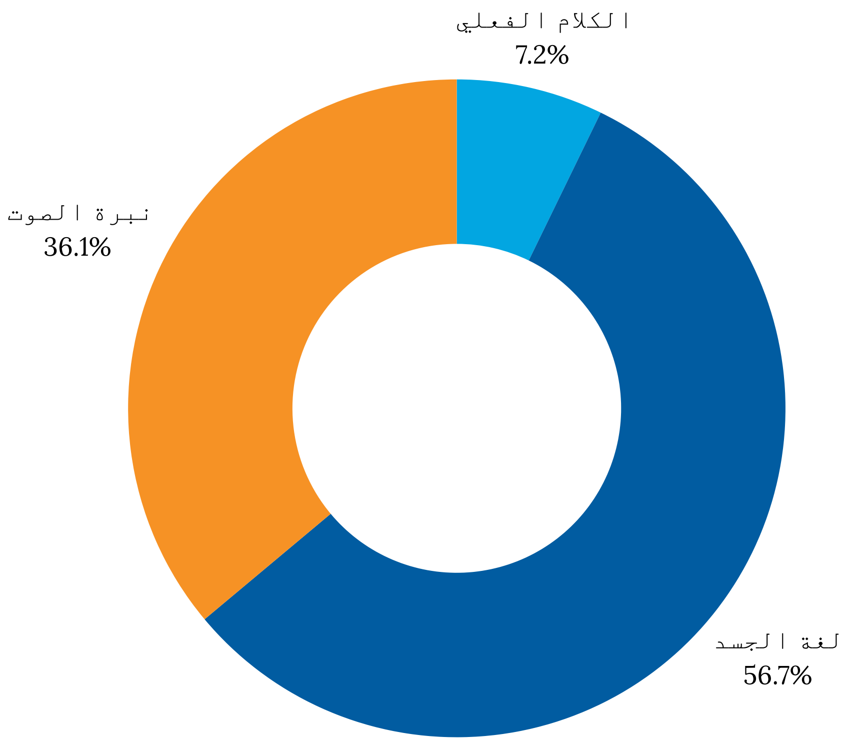
What will you get from the previous statement?

Know communication skills and review effective communication and its importance in practical life.

Communication skills are a set of skills that enable a person to communicate properly. According to Hemes, the creator of this concept, effective communication skills consist of knowing “when to speak, when not, and what to talk, with whom, when, where, in what form.” Communication skills consist of verbal communication and non-verbal communication. Verbal communication is the transmission of knowledge or ideas through speech. Communication consists of two sent and future parties, while non-verbal communication is an expressive transmission of feelings and thoughts such as smiles, laughter, or anger.

To make communication effective, it is important to combine the use of the following skills: body language, tone of voice, and actual speech and the combination of these skills leads us to effective communication.

effective communiction



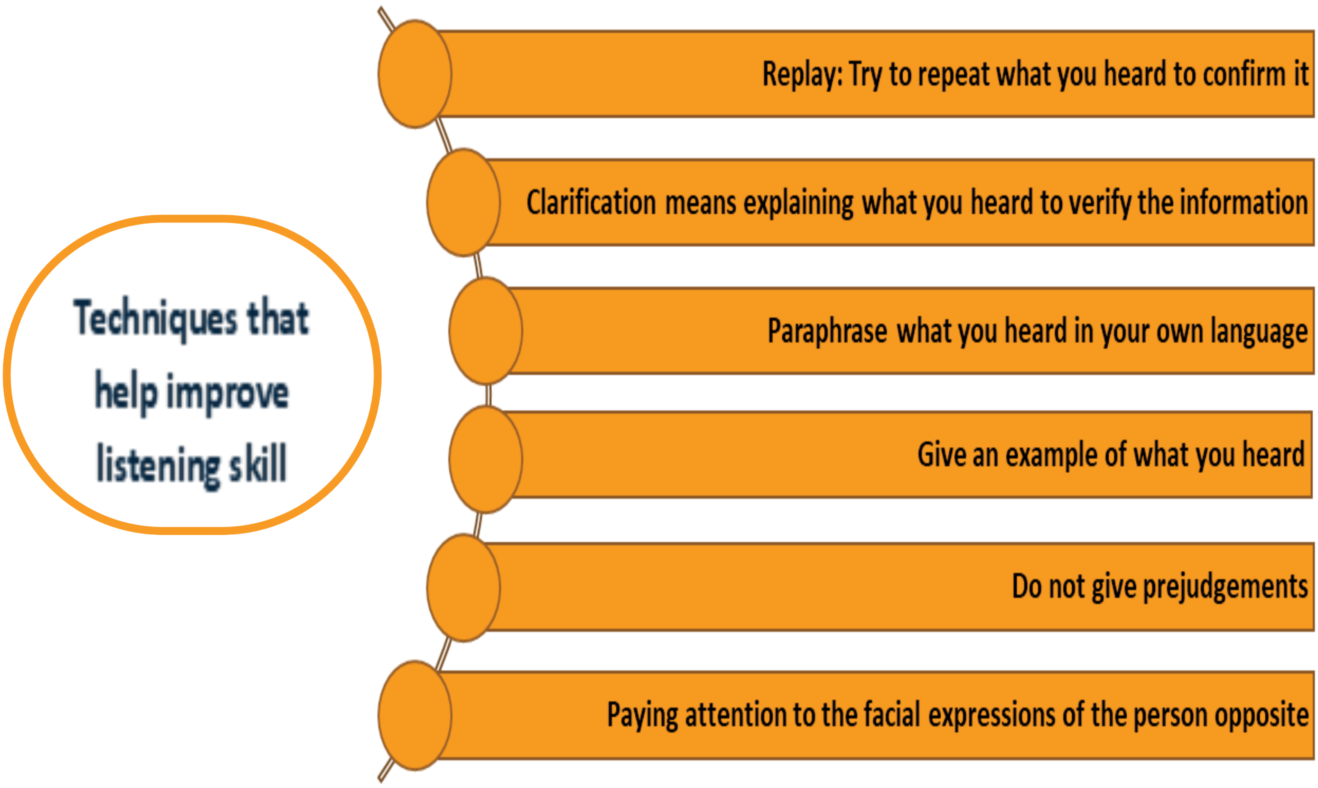
Listening skill:

Now present the difference between the types of listening and explain that listening is the primary means of communicating with the external environment.

Listening skill is one of the basic skills in communication, and listening is divided into several types as shown below.

Types of listening:

- Not listening: It is not paying attention to the person or ignoring him
- Pretending to listen: Acting or giving the impression that you care about the other person, but in reality , you are not listening or paying attention to that person at all.
- Active listening: the process of interacting with the information and speech that has been listened to
- Interpretive listening: It goes beyond just paying attention, but really tries to understand the other person
- Focused listening: Giving the person speaking full attention To increase your listening skills, there are techniques you should follow, including:



IN ADDITION TO THE FOLLOWING SKILLS:

- **Empathizing**

The state is in a state of anger and denial: ((I am not bad to this

shameful extent. Who said that I
am incompetent at work?!))
Service Provider: ((No one has the right to judge you as bad or good.))

• Feedback

Situation: Circumstances forced me to go out to work after the death of my husband in order to support myself and my children. I do not know if this recognition will relax people or if they will criticize me for leaving the house all day. Service Provider: Work is not a shame, but it is an honor and a duty, and pleasing people is an unattainable goal.

Service Provider: You feel very angry because your job promotion was delayed. The trainer divides the participants into pairs and asks each pair to play a role in a specific
situation. They use communication and listening skills through the above.

TIME MANAGEMENT:

You have the following tools in your training bag:

1. Sand

2. Baseball balls

3. Small stones

Distribute these ingredients to the participants and ask them to imagine sand as simple tasks, which are usually many. The large tasks are pebbles (small stones), and the large tasks are baseballs. Ask the participants to put the tasks in order of priority in the vase and tell the participants that He can fill the vase successfully without spilling any of the tasks out. He is able to coordinate his tasks precisely and can divide them.

The definition of time management revolves around the possibility of optimal use of time within available resources, and this can be done through the optimal evaluation of priorities and knowing what is important and what is most important. There is a big difference between urgent and important,

and many of us fall into this problem. To learn more about these differences, here is the definition of urgent tasks, which are the ones that you must immediately start implementing and require your attention to them first. The classification of priorities or urgent tasks may differ from one person to another according to the nature of his work. Important tasks are tasks that, if you postpone or cancel, will affect you or others.

There is a matrix that may help you categorize tasks and priorities, which leads to optimal use of time.

of li le importan e ighly important

What you should start doing immediately

Start it after completing the most important task

Do it later

What you shouldn't do

Very Urgent

Not urgent

RESOLUTE AFFIRMATIVE SPEECH (TALKING DIRECTLY, OPENLY, AND RESPECTFULLY):

Distribute the case study to the participants following the counting method, so that number 1 takes c**ase study number 1, number 2 takes case study number 2, and so on:**

Case Study No. 1: Your colleague borrowed a sum of money 3 months ago and did not repay what was requested of him, and you are now going through financial hardship.

Case Study No. 2: Your colleague lied to you about a certain matter, which led to a big problem with the family.

Case Study No. 3: Your colleague hurt your feelings in front of all your colleagues.

Ask the participants to imagine the situation in the case study and imagine the person causing these problems. Ask the participants to demonstrate aggressive behavior regarding the problems they faced, for example screaming, hitting your hand on the table, hitting your feet on the ground.

Take a random sample of participants who have Case Study 1, Case Study 2, Case Study 3,

- - Let the participants respond or recall their response regarding the problems at hand.
- Ask the participants what their reaction would be if they were in the place of the imaginary colleague

Tell the participants that this type is considered a type of aggressive communication. When a person acts with dominance and control as if he is the strongest and speaks superiorly or takes revenge, this person is aggressive.

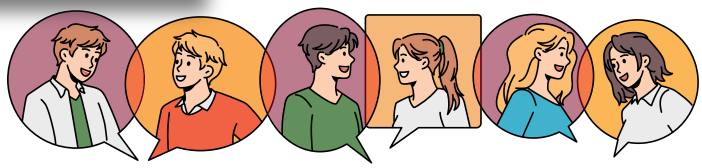
- Ask the participants what aggressive communication looks like. Record their opinions on a flipchart. Encourage them to mention verbal and non-verbal characteristics, i.e., body language. Ask them about the signs or bodies that appear in this type of communication.

Home Assignment:

- Each participant is asked to research the basic skills of empowerment and leadership.

Interdisciplinary Team Approach in Healthcare

- Review and feedba k from the previous training day.
- Introdu tion to the urrent training day.



First exercise:

- Divide the parti ipants into working groups of 5-4 people and tell them the following:
- You will live on a new island with all the ne essary elements to preserve human life and no human foot has ever set foot on it before, so there is no history of this island. You should make a list of ten items that explain the servi es you need, as all the residents who live on the island will need them.

- En ourage ea h group to submit the list you have drawn up and then form a onsolidated list drawn from all working group lists.

- **After you have confirmed the final list, ask participants to exclude five services from the list, based on their importance.**
- **Then ask them to choose one service from this list, and dispense with the rest of the services.**
- **Then ask them to go back to neglecting the groups, and anticipate what scenario will happen on the island when there is only one service in it, and how this will affect the population, physically, psychologically, and socially.**
- **After the consequences of the lack of these services are shown, the trainer concludes that this will affect health, but what is the appropriate definition of health?**
- **After surveying participants, he presents the concept of health as defined by the World Health Organization, which is "a state of complete physical, mental and social well-being, not merely the absence of disease or disability."**

• Through the previous definition, all dimensions of health are associated in the provision of services, and this is a multidisciplinary model.

• An interdisciplinary team approach is crucial for addressing the complexities of patient care and becomes particularly significant when discussing health promotion and preventative healthcare measures.

• Health promotion and preventative healthcare measures are pivotal in fostering community engagement and empowering individuals to make informed choices about their well-being. (**how**)

The trainer asks the groups to dis uss the above and asks for larifi ation of the ma er through the work of a resear h paper to be dis ussed after the trainer fa ilitates brainstorming about the ideas they have in this regard.

Health promotion and preventative healthcare measures are pivotal in fostering community engagement and empowering individuals to make informed choices about their well-being. By implementing educational initiatives, awareness campaigns, and community outreach, these measures encourage adopting healthy behaviors, ultimately reducing the risk of chronic diseases. Empowering communities involves providing the necessary resources and support for individuals to take ownership of their health. This engagement creates a sense of responsibility, leading to more proactive and sustainable health practices. Recognizing health problems and implementing preventative measures addresses the root causes of diseases and optimizes health services utilization. For instance, identifying modifiable risk factors allows for targeted interventions, such as fitness programs and educational campaigns, contributing to a healthier community.

The impact of health promotion extends beyond individual well-being to encompass broader societal benefits. By preventing the onset of diseases, these measures enhance overall health status, elevate the quality of life for individuals, and yield cost savings both in human and financial terms. Proactive healthcare strategies, such as vaccinations, regular screenings, and lifestyle modifications, contribute to the prevention of illnesses, thereby reducing the need for expensive medical treatments and interventions. This results in a healthier population and alleviates the burden on healthcare systems, leading to more efficient resource allocation. Ultimately, the time saved by avoiding extensive medical treatments and emergencies contributes to a more resilient and sustainable healthcare system, emphasizing the critical role of health promotion and preventative healthcare in shaping healthier and thriving communities.

- **The trainer presents the following case studies:**
- **(Preventively, treatment plan)**

•Case (1):

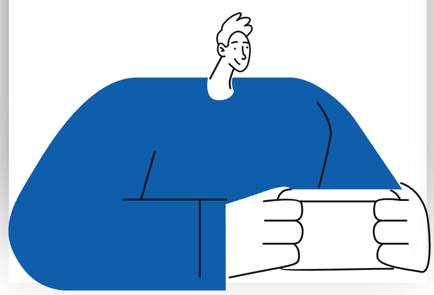
Khaled works in painting workshops for a daily wage, and while doing his job, he suffered a fall accident, which caused him a broken back, and became unable to walk secondly, and during his treatment in the hospital he felt tremendous psychological pressure as a result of his inability to work second, and he will not be able to secure the needs of his family, and when the doctor told him that the treatment period is over and that he will be discharged from the hospital, he felt upset and refused to do so, because he feels pain, according to him.

• The role of the social worker, and the dimensions that he can contribute to the treatment plan for patients.

•Case (2):

• Mrs. Hafsa visited the emergency department as a result of a fracture on her hand, and when asked about the reason, she indicated that she had fallen off the stairs, and the doctor noticed bruises of different colors on her body, the doctor asked the social worker in the emergency room to conduct an evaluation about this patient.

• The role of the social worker, what challenges he is expected to face while providing his service, and how to deal with these challenges.



Case (3):

Samir was admitted to the addiction department at the Mental Health Center, and he underwent medical treatment at the center, so that the toxicity of narcotic substances was removed from his body, and he needs a period of psychological and social rehabilitation for three months

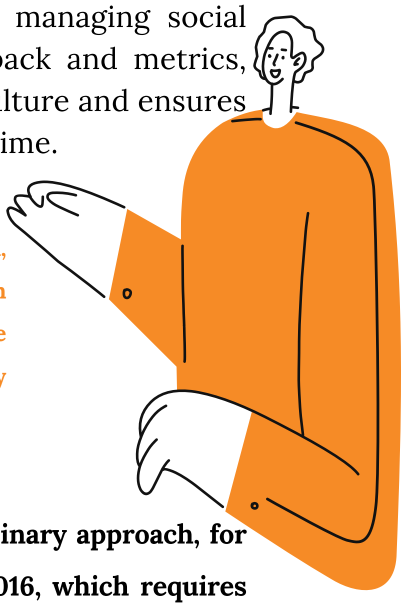
The role of the social worker in this case.

Case (4):

- It was noted that the 12-year-old girl Alaa, is infected in bouts of high blood sugar being infected with type I diabetes, and the last attack caused high blood acidity, and when she woke up from the coma, she indicated that she knew that her intake of soft drinks may cause her this matter, so the doctor asked the social worker to evaluate this condition.

Discusses the methodology of creating an interdisciplinary system and the role the social worker plays.

Additionally, interdisciplinary healthcare brings together professionals from various disciplines to work together, leveraging unique expertise to provide comprehensive care. Establishing an effective interdisciplinary system in healthcare involves a systematic approach to addressing diverse needs that begins with a thorough needs assessment and goal identification. This allows for the formation of a diverse team of professionals to address the multiple needs of one patient. Additionally, clarification and communication are key in ensuring that each team member understands their specific contributions through regular meetings and shared documentation. The creation of patient-centered care plans, encompassing physical, emotional, social, and cultural dimensions, engages social workers in evaluating and managing social determinants of health. Meanwhile, continuous evaluation, driven by feedback and metrics, coupled with ongoing interprofessional education, cultivates a collaborative culture and ensures the refinement of interdisciplinary processes for sustained effectiveness over time.



From the perspective of a social worker, they are able to address counseling, resource coordination, advocacy, and systems thinking, and be advocates for patients ensuring that the treatment and care plan considers both SDH and emotional contexts of patients' lives. Additionally, social workers can contribute to the development of policies and programs that promote equitable healthcare delivery, especially during monitoring and evaluation

Identifies policies/laws that encourage interdisciplinary collaboration.

In the case of Jordan, there are policies and laws in place to support the interdisciplinary approach, for example, the National Standards and Core Competencies of Registered Nurses in 2016, which requires nurses to establish professional communication, collaboration, consultation, and coordination with individuals, nursing staff and the interdisciplinary healthcare team to provide services in all scopes of application. Additionally, the King Hussein Cancer Center consists of a group of needed specialists to help provide overall care to one patient who reviews and meets weekly. Additionally, Jordan has worked on the integration of mental health into primary health care aligned with the WHO technical package, which encourages a group of trained family doctors, general practitioners, and nurses. In the case of providing healthcare to Jordan's vulnerable populations, a strong referral system is set up between public, private, local, and international NGOs and sectors such as IFH by providing a holistic community healthcare model focusing on integrated prevention, curative, protection, and rehabilitation services.

The referral system plays a crucial role in ensuring that patients receive appropriate and timely care by connecting them with specialists or services beyond the scope of their primary healthcare provider. The Jordan National Referral System, for example, provides a one-stop place that receives and documents complaints of violence, refers women for care and support and follow-up to ensure that they receive the help they need, and offers services ranging from social counseling, shelters to psychological counseling and therapy, training opportunities, legal consultations, and family planning services. However, some challenges were identified by the officer such as competition among participating partners for visibility, measuring the quality of partner services, follow-up with complaints, and reconciliation of different protocols and internal procedures. Additionally, the referral system set up by UNHCR In Jordan based on a multi-sectoral, inter-agency approach with NGO partnerships identified clear procedure roles and responsibilities for each actor according to the Standard Operating Procedures. UNHCR faces coordination challenges in identifying and working with partner organizations, risking communication inefficiencies. Concerns include potential duplication of documentation, security risks for staff, restrictive safe shelter regulations, and difficulties in follow-up and reporting, underscoring the need for streamlined processes and enhanced security measures. The following diagram highlights the referral system.

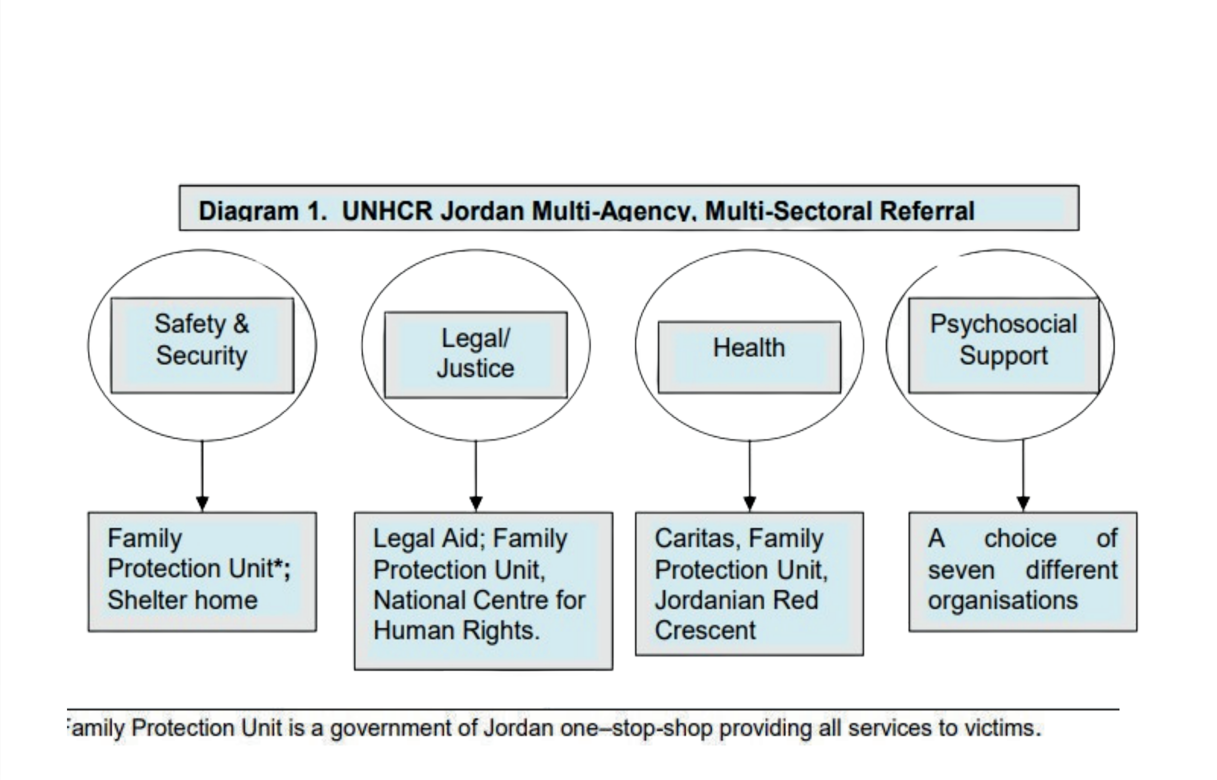


Figure 1: The services which are offered to women by UNHCR and its partners8

Identifies best practices for local GO/NGOs in Jordan

Based on the case studies and the importance of the inter-disciplinary approach some of the best practices for local governmental organizations (GOs) and non-governmental organizations (NGOs) in Jordan involve prioritizing community engagement, fostering transparency, and building local capacity. Prioritizing community engagement, empowerment, and cultural sensitivity ensures that health initiatives resonate with the local population. Continuous education and capacity building for healthcare professionals, robust monitoring and evaluation systems, and transparent, accountable practices contribute to the effectiveness and sustainability of healthcare programs. Strengthening referral systems, advocating for equitable healthcare policies, and forging collaborative partnerships with other organizations and government agencies further enhance the impact of healthcare initiatives. Promoting inclusivity and gender equality remains central to fostering equal opportunities and addressing diverse healthcare needs within the community. By incorporating these practices, local GOs and NGOs can contribute to the creation of sustainable, community-centric healthcare systems in Jordan.

Week 5 - Culturally Sensitive Practice

Learning Objectives of Unit:

- The students/trainees can identify differences between implicit and explicit biases.
- The students/trainees will gain an understanding of personal identity and positionality.
- To develop practical cultural competence/sensitivity skills in practice.

Unit Outline:

Students/trainees will begin the unit by discussing stigma and how to unlearn implicit biases. The instructor will begin the discussion by providing information on the difference between explicit and implicit biases.

Opportunity for exercise to visualize the difference between explicit and implicit biases

Instructors will encourage students/trainees to explore personal values as they might relate to any held stigmas.

Highlight the relationship between biases and stigma at the micro, mezzo, and macro level

Following the discussion around biases and stigma, transition into conversing around sensitive topics and modeling how to hear vulnerability. Through videos, readings, case studies, and lectures, students/trainees will be given access to various vulnerable perspectives. The need for first-hand accounts of vulnerability is essential and should be reflected in the use of material. Given the potential for highly sensitive topics present in the material, the instructor should provide participants with time for self and group reflection (could be written or oral).

Vulnerable groups could include factors of age, gender, socioeconomic status, ability, and sexual orientation.

To comprehensively gain an understanding of vulnerability, students should be allowed to explore the historical and systemic oppression of various vulnerable groups. Students/trainees will delve into policy, protection, and stigma regarding various factors of identity to encourage the practice of hearing vulnerability

Opportunity for role-play activity to practice hearing vulnerability.

Cultural competence includes all facets of identity, including gender. It is imperative to extrapolate upon gender sensitivity given the potential for differing community. perspectives on gender. To introduce this topic, the instructor should encourage participants to compare their personal understandings of gender and gender roles with societal expectations. Participants should consider social expectations of home communities as well as host communities. Practical skills should then be conveyed to participants on how to ensure gender sensitivity is handled with care in best practice.

Intercultural communication skills are necessary to develop. Incorporating diverse voices on the subject ensures multiple perspectives are being highlighted as it relates to intercultural communication. Soft skills should be developed and reinforced with students/participants (empathy, active listening, curiosity, nonverbal communication, and awareness and respect for cultural differences) to promote beneficial intercultural communication.

Transitioning into culturally sensitive competences/practices, students/trainees will explore their individual understandings of culture, background, and identity and how this relates to positionality and power. Ensuring participants are given ample time to reflect on how they view their identity and what the implications may be is fundamental in developing culturally sensitive practices.

Opportunity for individual activity to reflect the participant's power and positionality as it relates to their identities.

To further elaborate on cultural competence, instructors could provide case studies of poor cultural competence in practice with best practice

To conclude the information in the unit, students/trainees should be encouraged to adopt a
strengths-based, empowerment approach in diverse contexts. Participants will be led to discuss this topic as well as engage in topical material.

Teaching methods:

Formal lecture, discussion, brainstorming, case studies, presentation, and Workshop.

Summary of Unit Outline:

- Discuss combating stigma and unlearning implicit biases
- Converse around sensitive topics and modeling how to hear vulnerability
- Gender sensitivity
- Intercultural communication skill
- Culturally sensitive competencies/practices
- Empowerment approach in diverse cultures

Suggested Material:

Social Identity Map

Social Identity Map: A Reflexivity Tool for Practicing Explicit Positionality in Critical Qualitative Research - Danielle Jacobson, Nida Mustafa, 2019 (sagepub.com)

Potentially introduce idea of intersectionality with handout or further resources

INTERSECTIONALITY RESOURCE GUIDE AND TOOLKIT (unwomen.org)

Psychological theories

that explain the disorders

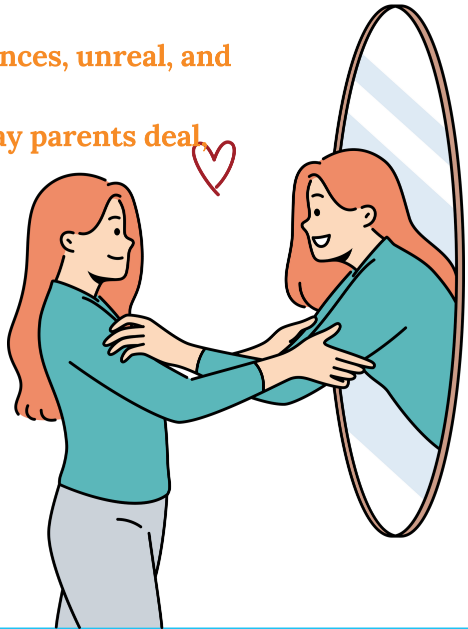
• Analytical theory: Psychoanalytic theory indicates that the disorder occurs as a result of the accumulation of difficult experiences in the subconscious.

The view of human nature: Life versus death instincts

What moves people are two central, conflicting desires:

- Life drive (sexual desire)
For example, survival, reproduction, hunger, thirst, and sex.
-Death engine
Movement toward equilibrium (elimination of all tensions), banishment, and even death.
Personality components:
• The ego: represents emotional reality, suffers from anxiety, tries to control the desire (does not prevent it, but rather postpones it to the appropriate time and place).
• Id: We are born with the id, driven by instincts, a repository of experiences, unreal, and subconscious.
• Superego: moral, consisting of family upbringing, a reflection of the way parents deal, representing values, ideals, and higher morals.

Analytic theory explained the disorder as the ego's feeling of powerlessness and threat; As a result of a stressful and traumatic situation, this inability appears in the ego's inability to balance requirements, external influences, and internal needs and desires. Freud explained that stressful and traumatic situations are stored and repressed by the brain and appear in the form of dreams and nightmares



Behavioral theory (conditioning):

• Traumas, which are considered here to be an unconditional stimulus, are associated at the time of the shock with keys and signals linked to a time, place, and people. These keys and signals are called (conditioned stimuli), so that when the individual encounters these keys and signals, he shows responses related to the traumatic event itself, such as increased alertness, startle, and an increase in the heartbeat. This response is called the (conditioned response), as the attempt to avoid and evade is an escape from the keys and conditional signals that were associated with the traumatic event. The conditional model indicates that the conditioned responses do not extinguish, which leads to the formation of cognitive avoidance responses that make the individual unable to recognize the keys. and cues associated with traumatic situations, which support the continued manifestation of trauma symptoms.

Cognitive theory:

Cognitive theory, of which Beck is considered the pioneer, explained the disorder in how the individual perceives the event, as the cognitive distortions that the individual possesses contribute to the formation of deviations in thinking, such as exaggerating the perception of the event, and interpreting the event in a personal sense; That is, it is the cause of the traumatic event or its punishment, excessive generalization through its interpretation of ordinary events, that they **will**

Be difficult events, arbitrary inference of the results of experience that lack evidence and conflict with the expected results, selective abstraction of the event such that the important part of the story is lost, and polarity in thinking everything. Or nothing, then life is either wonderful or horrific and is viewed with gloom, in addition to the formation of the neurotic triad that Beck referred to, which is based on a pessimistic view of the self, others, and the future, which leads to self- flagellation and a decline in the individual's confidence in himself and others, and he believes that the future will be worse and more Cruelty ,Alice pointed out that psychological distress occurs as a result of the irrational thoughts present in the individual, as he pointed out that irrational thinking accompanies emotional disturbance and therefore the individual uses irrational thoughts if he remains under the influence of emotional disturbance, and this is due to the emotional state that the individual is experiencing. When he is exposed to the event, he develops his thoughts based on the current situation, and the **individual's emotional** disturbance continues with negative self- talk, and it is not necessarily the presence of external stimuli and stimuli. Also, the images and symbols accompanying the event can interfere with the individual's perception and attitudes, so that they are represented by images and sentences that cause him emotional disturbance. Alice emphasized Reorganizing perception and thinking rationally helps the individual confront irrational thoughts and self-destructive emotional disturbance (Al-Sharaa et al., 2016). Lazarus mentioned the importance of the individual's appreciation of the event. If he evaluates it as threatening and dangerous and this is accompanied by catastrophic perceptions and fantasies, it will increase the possibility of him developing stress. This appears through his avoidant and emotional behavior, physical sensations such as headaches and physical symptoms, and

Emotional symptoms

such as anxiety and depression, and thus his relationships with others are affected and his influence is increased by the biological dimension or drugs (Lazarus, 1981). This is through his acquisition of incorrect or incomplete information that he cannot use. In the face of a traumatic event, the person deviates from the path of adaptation and his response is defeatist and self-destructive (. Kelly pointed out that negative self-talk contributes to the development of stress in the individual in general.

Kelly believes that formulating false hypotheses and predicting future events that lack a correct scientific approach constitutes the neurotic conceptual system, and thus the individual remains captive to his interpretations of the traumatic situation and cannot avoid anxiety, which develops in the individual. Disorder Goldfried believes that this disorder develops due to the individual's lack of information, experience, and abilities to deal with the event. The state of surrender that the individual displays prevent him from reaching cognitive balance in using alternatives to confront the traumatic situation, which leads him to the development of this disorder.

- **Discussion groups:**

Through the above, how can political and global events affect the formation of psychological disorders:

- Wars.

- natural disasters.

- climate change.

Personality formation skills for different age stages:

- **Erik Erikson was a German psychologist who theorized that there's a specific psychological struggle that takes place through the eight stages of a person's life. These struggles, he believed, contribute to your personality throughout your development.**

In what became known as the eight stages of development theory, Erikson provided insights into both social and psychological development. The framework of his thinking assesses the context of relationships in your life at these life stages.

The first year (trust vs. distrust)

The urgent need is the need for trust, which is achieved through protection and appropriate care by the mother, which leads to the child growing normally and moving him to the second stage. On the other hand, the mother's neglect of the child leads to a lack of trust, which can be generalized in the future to include others and society around the child. It also leads to developmental disturbance in the following stages, and the negative results may reach the point of stabilizing psychological development in this early stage.

The second year (independence versus feelings of shame)

The child becomes in need of independence, and this is achieved by the child enjoying a degree of freedom in balance with protection. Fulfilling this need means the natural continuation of growth, while not satisfying it leads to a developmental disorder represented by feelings of shame when exposed to new experiences.

It also leads to disturbed growth and failure to resolve future crises positively. In addition, the failure to resolve the crisis of confidence represents an obstacle to resolving the crisis of independence

Early childhood:

(initiative versus guilt) It extends from 3 to 5 years, or kindergarten age, when the child's need for initiative appears.

This crisis can be solved by parents encouraging the child and his proactive behavior. The crisis may not be resolved because of obstructing the resolution of previous crises, or because parents do not encourage the child. In this case, the child becomes vulnerable to feelings of guilt.
Middle and late childhood (versus feelings of inferiority)

This stage corresponds to primary school age, where the individual's need to feel capable appears. This can be seen in his pursuit of curiosity, his tendency to achieve, and his need for the appreciation of others. As is the case in the previous stages, resolving the crisis of adequacy depends on the continuity of natural growth, which requires resolving previous crises, and also encouraging the environment represented by family members and the school. The expected result of any of these obstacles is the child's inability to solve this crisis, which leads to feelings of inferiority and inadequacy.

Adolescence and adulthood:

• The need for belonging. Peers play an important role in containing the adolescent. Peers become the adolescent's reference point in determining the standard of behavior. That is, they are the ones who judge whether the behavior is positive or negative. • The need for communication: Peers is usually the ones who listen positively without judgment, and therefore they are more open than caregivers.
• The need to prove oneself: Proving oneself is either by keeping up with one's peers in behavior, or by challenging them and performing more extreme behaviors to stand out from them.

Etiquette for Interacting with Persons with Disabilities

Interacting with persons with disabilities requires respect and sensitivity to their individual needs. Here are some guidelines to ensure appropriate and inclusive behavior:

1. **Communicate Respectfully:**
   - **Speak directly to the person, not their assistant or interpreter.**
   - **Use respectful language, such as "person with a disability" instead of "disabled person."**
   - **Avoid assuming they need help; always ask before offering assistance.**
2. **Respect Privacy and Personal Space:**
   - **Do not touch assistive devices (like wheelchairs or canes) unless you are asked to.**
   - **Respect their personal space and avoid staring or making them uncomfortable.**
3. **Adapt When Necessary:**
   - **If speaking with a person in a wheelchair for an extended period, try sitting to maintain eye level.**
   - **Speak clearly and slowly when communicating with someone with hearing difficulties, and use gestures if needed.**
4. **Be Patient and Understanding:**
   - **Give them extra time to respond or understand the conversation if needed.**
   - **Focus on their abilities rather than their limitations, avoiding pity.**

The Convention on the Rights of Persons with Disabilities (CRPD)

The United Nations adopted the Convention on the Rights of Persons with Disabilities (CRPD) in 2006 to promote and protect the rights of persons with disabilities. It ensures they enjoy all fundamental rights and freedoms on an equal basis with others.

Key Principles of the CRPD:

1. **Respect for Human Dignity**: Upholding the inherent dignity and individual autonomy of persons with disabilities.
2. **Non-Discrimination**: Guaranteeing equal treatment for all persons with disabilities.
3. **Participation and Inclusion**: Encouraging full and effective participation in all aspects of life.
4. **Accessibility**: Enhancing access to physical environments, services, and information.
5. **Gender Equality**: Promoting the rights of women and girls with disabilities.
6. **Empowering Children with Disabilities**: Respecting their right to freely express their views.

Key Principles of Inclusive Education:

1. **Equal Opportunities**: All students should have access to the same learning opportunities, resources, and facilities.
2. **Individualized Support**: Accommodations, such as assistive technologies, accessible classrooms, or tailored teaching methods, help meet the unique needs of students with disabilities.
3. **Collaboration and Teamwork**: Faculty, peers, and administrative staff work together to ensure that students with disabilities feel included and supported.
4. **Positive Attitudes and Awareness**: Raising awareness about disabilities among students and staff fosters a more understanding and empathetic university culture.

Benefits of Inclusive Education:

- **For Students with Disabilities**: They gain access to quality education, build self-confidence, and develop skills for independent living and professional success.
- **For Other Students**: Inclusion promotes empathy, respect for diversity, and collaborative problem-solving skills.
- **For Society**: Graduates from inclusive universities are more likely to advocate for equity and social justice in their future roles.

By embracing inclusive education, universities not only support the rights of students with disabilities but also enrich the overall learning experience for everyone.

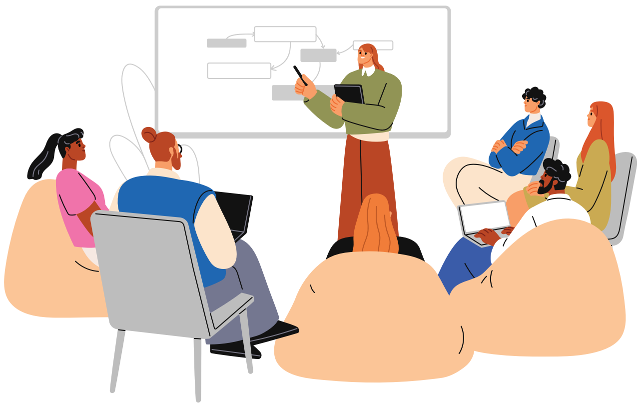
Self-Care and Resources

Participants are expected to

- Recognize the concept of psychological stress and its effects.
- Be aware of different stress responses.
- To have multiple skills in dealing with psychological stress.
- Increase their sense of relaxation and reduce stress levels.

The trainer asks the participants about their concept of psychological pressure; and concludes that psychological stress results when the individual reaches a stage where the requirements of the environment and the environment are more than his ability to deal with these requirements, and the more the individual continues to feel helpless to cooperate with these requirements, the greater the level of psychological pressure.

The trainer then presents the concept of Lazarus psychological pressure, which is: a set of stimuli facing the individual and the responses resulting from them, based on the level of risk, his assessment of the stimulus, and the methods and strategies that help the process of adapting to all forms of pressure.



That is, it is the body's response to any demands imposed on it, and these demands may be related to the job, financial situation, first relationships, illness and the like, and psychological stress is one of the experiences that enable a person to deal with difficult situations

That is, it is the body's response to any demands imposed on it, and these demands may be related to the job, financial situation, first relationships, illness and the like, and psychological stress is one of the experiences that enable a person to deal with difficult situations

The trainer presents the following saying: "Even the happiest human beings face a lot of disappointment, conflicts, frustration and different types of daily pressure, but relatively few of them are the ones who face extreme conditions."

The trainer asks the participants to interpret this sentence for them, and concludes that the harsh conditions are in a small group of people who say that they have been subjected to pressure himself, and these harsh conditions are chosen based on objective criteria that correspond to events and not with the whims and opinions of people who have ruled that this feeling of psychological pressure is the result of events, that is, the feeling of psychological pressure is present in most people, regardless of whether this circumstance is harsh or if it is a circumstance that can be dealt with better.

After the concept of psychological stress is explained, a Trainer is asked from the participants, after dividing them into groups, to mention the factors and causes that increase psychological pressure, and the trainer represents these factors and causes roots in the image of the tree, and that these causes and factors increase the individual's sense of psychological pressure, which is represented by the tree trunk, and as a result of feeling pressure, this results in effects, and the opponents represent these effects associated with psychological pressure, which can be classified into physical, emotional, psychological, mental effects. Out of these branches come out leaves which represents a more accurate description of the effects of psychological pressure, and gives the trainer enough time for the participants to draw the tree and link it to the causes, factors and effects of psychological stress. Then listen to their presentation, and comment on it directly and then mention the types of psychological pressure, family and emotional pressures, pressure from friends, economic and social pressures, rumors, academic pressures and work pressures, then the trainer distributes the questionnaire related to our response to psychological stress in order to increase the awareness of participants about their responses in dealing with psychological pressure

The trainer asks about the reasons why some people endure psychological pressure more than others, and concludes that there are several things, including personality traits, then the trainer clarifies the personality classification (A, B, C, D), and asks the participants to research which character represents them more.

Personality type "A"

Fast step in walking, eating and talking.
Strong motivation for progress and advancement in all ways.
Competitive behavior and a tendency to antagonism.
Impatience in dealing with people.
Continuous engagement in various activities without break or relaxation.
Inability to relax.
Attentive and alert mentally and physically.
Can't wait.

Character type "B"

Personality B is completely opposite to personality A in everything.
People with this personality are usually patient, calm.
Indifferent to time.
They care a lot about the feelings of others.
They don't have a competitive sense and are more interested in having fun.

Due to these characteristics, they feel that A's characters are people who are indifferent

to others and don't care about their surroundings.

Character type "C"

- It is the one that takes from the two types A&B
- The most indifferent styles.
- He does not have self-accountability in case of self-negligence.
- His treatment in life is volatile (there is no consistency in dealing).
- Difficult has a specific direction in its characteristics.
- His achievements in life are less than A and better than B.

Character type "D"

- Negative personality (anxious, irritable, depressing. etc) and also tend to be reticent to express an opinion on many matters and not very confident in themselves.
- The name (D) comes from the English word “Distress”. Personality members (D) tend to have negative feelings in their daily lives and do not like to share these feelings with others, for fear of society rejecting them or putting them under the microscope of criticism and insult.
- After a research study by the Dutch medical psychologist (John Denolet), it was found that 21% of the community represents the character (D).
- In the sample of heart patients, they constituted 53% of the patients. Research has shown that people with heart disease with personality D suffer more in recovery than other personalities.
- Their death rate from heart disease is up to 4 times that of other patients.

- In the sample of heart patients, they constituted 53% of the patients. Research has shown that people with heart disease with personality D suffer more in recovery than other personalities.

- The instructor distributes balloons to the participants, asking them to inflate the balloon if they
feel that one of the following sentences applies to them during the past week:

- I felt sleepy when I woke up, but I had to get out of bed.

- I feel bad when I don't have morning coffee.

- I feel bad when the roads are congested.

- I feel bad when I don't have enough money to buy something I like, even though it's secondary.

- I get upset when I think my close friend doesn't understand what I mean.

- I feel bad when I am assigned additional tasks at work or university.

- I feel bad when my friends want me to go out with them but I have a commitment with my family at the same time.

- I feel upset and bored during the testing period.

- I feel bad when there are problems inside the house.

After the participants inflate the balloon based on the situations that were presented earlier, the trainer asks them to get up to let out part of the air based on the situations that he will mention below:

- - I practice relaxation exercises on a regular and daily basis
- - I exercise daily.
- - I feel comfortable when I go out with my friends.
- - Enjoy listening to music while I am in the car.

The trainer concludes that the difficult events and experiences that we go through during the day increase the air pressure inside the balloon, and that self-care practices reduce this pressure associated with the nature of daily life that we do. In the absence of self-care, this balloon will grow until it explodes, and when it explodes, it will appear in two forms, either physically, such as headaches and tension, or in the form of a psychological disorder such as anxiety disorder, etc. • Relaxation exercises

Slow breathing: When we fall into emotional storms involving difficult thoughts and feelings, it can be very difficult to do anything useful. Engaging in relaxation strategies such as slow breathing can help us refocus on what we need to do in stressful situations. Purpose of breathing and energy:

- Helps us get rid of stress and anxiety.
- Helps us increase mental focus.
- Helps us increase the feeling of comfort and tranquility.
- It helps us normalize mental and emotional processes.
- Helps us control the autonomic nervous system.
- Helps relieve arterial thrombosis by secreting the rarest and fin.
- Helps generate and replenish energy
- Helps in the discharge of harmful energy to the body.

• Breathing is done naturally through the stomach, and if we observe a person sleeping or lying and notice the way he breathes, we will find that his stomach rises when inhaling and decreases when exhaling, so breathing must be done in the natural way, that is, through the stomach, when we inhale deeply, let's push the stomach forward and then start filling the lungs with air from top to bottom, and it helps us to stretch the stomach and stretch it out, and when you exhale, we should attract the stomach inward and gradually expel the air. By pressing the lungs through the stomach when we contract them inside.

• Proper breathing is to make air enter until it reaches the bottom of the lungs, so we should let the abdominal cavity expand to the last we can, then make the chest ribs swell like a fan, and finally raise our chest but without raising our shoulders, and we will discover that the lung has absorbed in this way a much greater amount of air than it used to absorb.

• Now let's try to hold the breath for a few seconds (5-10 seconds) and the air staying for a short time inside the alveoli in the lungs makes their walls expand, trains them and gives them more strength so that they automatically expand for more air until proper breathing is achieved.

- Anchoring exercise

• Anchoring is a technique for managing emotional storms and severe emotional states. In moments like these, we can get lost in what we think and how we feel and lose touch with what we do. Dealing with reality takes us back to the present moment. Many people use the five senses (sound, touch, smell, taste and sight) to return themselves to the present, and this is what this exercise focuses on.

- Entering Experiences

• Awarding Ace: a technique for managing storms and severe emotional states. In a few moments, you can get lost in your thinking and how you I feel and lose touch with what you do. Dealing with reality takes us back to the present moment. Many people use the five senses (Sound, Touch, Smell, Taste & Sight) to return themselves to the present, and this is what this exercise focuses on.

- Techniques and strategies to help you improve mood

• Start understanding yourself after applying the consolidation exercise that helps relax both body and mind.

• When feeling stressed or stressed, you can resort to doing activities that affect the person's feeling in a positive way that helps him get rid of stress or reduce it, such as:

1- Activities that promote the feeling of pleasure: watching TV - listening to music

2- Activities that promote a sense of accomplishment: tidying up the house – cooking a favorite meal

3- Connect with others: go out with a friend

- Strategies to help accomplish activities in easy ways

• This strategy depends on understanding the feeling of stress, knowing the cause, and knowing the ways in which we get rid of it, but the inability to apply this leads us into a vicious circle.
• To overcome this, we resort to the strategy of dividing activities into initial steps by asking ourselves "what is the first smallest step possible to take" to make the activity manageable easily, and then planning the time we will do this activity. - Muscle relaxation exercise - Problem solving strategy

- This strategy is based on 3 main steps to solve or reduce problems, which are:

Stop 🔴, think,🔶 go.✅

Steps:

- Stop: Select the problem that needs to be solved

- Think: Make a list of solutions you can try

- Go: Choose a solution from the list and apply it, if it does not work, try another solution until you succeed in solving the problem or reaching the best possible result.

• Talk kindly to yourself

• Meditation

Understanding Addiction

Addiction is a chronic condition that can affect many aspects of your life, including your physical and mental health, relationships, and career. There are two main forms of addiction: substance use disorders and behavioral addictions. Addiction is treatable. It's crucial to seek help as soon as possible.
addiction is a disease — it's a chronic condition. The American Society of Addiction Medicine (ASAM) defines addiction as a chronic brain disorder. Addiction doesn't happen from having a lack of willpower or as a result of making bad decisions. Your brain chemistry changes with addiction

There are two main groups of addiction:

Substance addictions (substance use disorders).

Non-substance addictions (behavioral addictions).

Substances are drugs that have addictive potential.

They can be prescription medications or non-medical drugs and include:

- Alcohol.
- Caffeine.
- Cannabis (marijuana).
- Hallucinogens, such as PCP and LSD.
- Hypnotics, sedatives, and anxiolytics (anti-anxiety drugs), such as sleeping pills,
- benzodiazepines, and barbiturates.
- Inhalants, such as paint thinners, aerosol sprays, gases, and nitrites (poppers).
- Prescription and non-prescription opioids, such as codeine, oxycodone, and heroin.
- Prescription and non-prescription stimulants, such as Adderall®, cocaine and methamphetamine
- Tobacco/nicotine, such as smoking cigarettes and electronic cigarettes (e-cigarettes or vaping).

While these substances are very different from each other, they all strongly activate the reward center of your brain and produce feelings of pleasure. Use of these substances can lead to substance use disorders (SUDs) — but not always. SUDs can be mild, moderate, or severe. Addiction is the most severe form of a substance abuse disorder.

Non-substance addictions

Behavioral addictions can occur with any activity that's capable of stimulating your brain's reward system. Behavioral scientists continue to study the similarities and differences between substance addictions, behavioral addictions, and other compulsive behavior conditions like obsessive-compulsive disorder (OCD) and bulimia nervosa.

Examples of potentially addictive activities include:

- Gambling.
- Eating.
- Exercising or dieting.
- Shopping.
- Shoplifting or other risky behaviors.
- Having sex.
- Viewing pornography.
- Video gaming (internet gaming disorder).
- Using the internet (such as on your phone or a computer)

What is the most common

addiction?

What is the most common addiction?

Alcohol use disorder is the most common substance addiction in the United States, followed by nicotine and marijuana. About 10% of people aged 12 or older in the U.S. have alcohol use disorder.

Symptoms and Causes

What are the signs of addiction?

Symptoms of addiction vary from person to person and based on the substance or activity. In general, signs

include:

Inability to stop.
Increased tolerance.
Intense focus on the substance or activity
Lack of control.
Personal problems and health issues.
Withdrawal: People with addiction may experience emotional and physical withdrawal symptoms when they stop using. Physical symptoms include shaking, sweating, or vomiting. They may also become anxious or irritable.

What causes addiction?

Humans are biologically motivated to seek rewards. Often, these rewards come from healthy behaviors. When you spend time with a loved one or eat a delicious meal, your body releases a chemical called dopamine, which makes you feel pleasure. It becomes a cycle: You seek out these experiences because they reward you with good feelings.

Substances send massive surges of dopamine through your brain, too, as well as certain activities, like having sex or spending money. But instead of motivating you to do the things you need to do to survive (eat, work and spend time with loved ones), such massive dopamine levels can have damaging effects on your thoughts, feelings, and behavior.

This can create an unhealthy drive to seek more pleasure from the substance or activity and less from healthier activities.

Over time, the substances or activities change your brain chemistry, and you become desensitized to their effects. You then need more to produce the same effect.

For some substances, such as opioids, the withdrawal symptoms are so severe that they create significant motivation to continue using them.

Other factors that contribute to the development of addictions include:

Genetics
Mental health conditions.
Environmental factors
Adverse childhood experiences Diagnosis and Tests

Management and Treatment

Hospital management. **Medications.** **Rehabilitation (rehab).** **Therapy.** **Support groups.**

There are steps you can take to reduce your risk of developing an addiction, including:

Avoiding or limiting substances that have addiction potential.

Knowing your family history

Healthily managing stress.

Understanding Anxiety and Depression:

To identify and understand common mental health problems.
Ask trainees "What are common mental health problems?

Optional prompt: Many of you may know people who are experiencing emotional problems such as sadness, anxiety, tension, etc. Think about the people in your community, your social networks, and your families. Without naming anyone, can you describe some of the emotional problems you have seen people experiencing?

Ask trainees "What are some of the symptoms or signs that people are experiencing depression or anxiety or stress?"

(Give some examples if trainees cannot identify any). Optional prompt: At times we can all feel a little depressed. Think of a time when you felt depressed (sad). What did you notice about your behavior, your body, etc.? (Repeat with anxiety and stress).

List the responses on a flipchart with four columns for the different mental health problems: depression, anxiety, stress, or other. Note that some symptoms or signs may repeat in more than one column

Common mental health problems

Depression

- **Low** mood, feeling sad most of the time.
- **Lethargy**, lack of energy
- **Feeling** tired all the time
- **Inactivity** – no longer doing a tivities or tasks they used to or getting pleasure out of previously enjoyed a tivities.
- **Feeling** worthless or guilty Irritable
- **Low** self -esteem, self- disparaging (for example feels like a failure).
- **Poor** on entration, Unable to make de isions easily.
- **Very** slow movements or slow to do things.
- **Loss** of appetite or eating more than usual
- **Suicidal** thoughts or a empts

Anxiety

- Worrying a lot about different things (without reason)
- Feels panicked.
- Physi al symptoms not explained by medi al onditions: headaches, stomach aches, body aches, breathing difficulties (rapid, shallow breathing), chest pain, hot flushes.
- Restlessness (difficulty sitting still
- Avoiding (due to fear) doing activities, going places or seeing people that are reasonably safe

Stress

- Physical symptoms not explained by medi al onditions: tension, frequent heada hes, ne k or ba k a he, sweating, dry mouth, light headed.
- Unable to relax.
- Irritable
- Easily startled (to sudden noises or movements)
- Poor on entration
- overreacting to things
- Feelings of anxiety and /or depression

other

- Poor sleep (sleeping too much or too little)an be aused by depression, anxiety or stress.
- Grief
- Excessive anger

Give brief definitions of depression, anxiety and stress:

Depression is when someone feels very sad, moody or low for long periods of time- weeks, months or even years. People can feel this way without any particular reason. Thay often stop doing things they used to enjoy doing (for example socializing with others, hobbies) or find it hard to do the things they need to do (such as chores or work).

Anxiety is when someone feels very worried or fearful most of the time. For some people, there may not be any reason for their worry or fear. It is a serious condition that can make it very hard for people to cope with daily life. Anxiety can cause experiences of strong physical sensations of arousal, just as tension, headaches, and problems with breathing.

Stress is often described as a feeling of being overloaded, wound up tight, tense, or worried. Someone becomes excessively stressed they often experience lots of uncomfortable physical sensations and they find it hard to perform their normal duties.

Case 1:

Raghad is a cheerful girl who expresses her opinion freely. Still, she recently began to feel constant headaches, after she traveled to Germany, and after that, she began to feel pain in the neck and lower back. At first, she thought that the reason was due to changing her sleeping place. This affected the quality of sleep for her. Her sleep has become intermittent, and what bothers her is that she has chest pain, which raises her fears, and she also feels short of breath, and her weight has decreased by five kilograms in a month, and this is because she feels that she will vomit when she eats.

Recently, she has been having thoughts about her family that they will get sick, but they are suffering from many problems even though their health is good, and they have dealt with problems positively in the past. She began to feel constantly tired and attended her lessons with difficulty.

Based on the previous case, what type of symptoms is Raghad experiencing?
Can these symptoms be identified?
What are the appropriate ways to reduce these symptoms?

Case 2:

Fadi is a final-year student. He was exposed to many stressful events in his childhood, and relies on his family to provide him with support. Since he came to Germany, he prefers to sit alone in his room, and feels that he does not have the energy to study or go out with his friends. He is plagued by a feeling of remorse. About the way he behaved when he was a child, and that he spent a lot of time thinking about these thoughts, he blamed himself a lot, and began to see himself as a failure, and he lost confidence in his family to assist, and he became not interested in his studies, and he enjoyed when he went out with his friends to the café. However, he no longer wants to do that. He sleeps more than ten hours a day, and he still has a strong desire to sleep. His weight has dropped seven kilograms in the last month, as he prefers coffee and smoke.

What type of previous symptoms does Fadi suffer from?

Can these symptoms be identified?

What are the ways to relieve these symptoms?

28 Mental Health Games, Activities & Worksheets (& PDF) (positivepsychology.com)

WHO-MSD-MER-2017.2-eng.pdf

Creating a Case Study

Learning Objectives of the Unit:

Students/trainees will learn how to perform a needs assessment with individuals and gain an understanding of referral processes.

Students/trainees will gain a comprehensive understanding of existing resources in the community.

Students/trainees will learn to develop their own case study and progress through the referral process.

Unit Outline:

Employing an experiential learning model, students will begin this unit by learning how to perform a needs assessment for individuals. Instructors will provide needed material and templates to guide students in gaining a comprehensive knowledge of needs assessments. Explanation of the importance for the assessment should also be communicated clearly as to provide participants with a supportive foundation to learn the skills needed.

Opportunity for activity to provide practice with preliminary steps in needs assessment process

Instructors will provide students with comprehensive resources and access to information regarding established resources present in the communities. It is pertinent to hear from current professionals and beneficiaries engaged in established resources to provide an encompassing look into community resources.

The role of a social worker as it relates to community resources should be highlighted by the instructor. Discuss the difference between the social worker engaging in referring and brokering and encourage students/trainees to consider a strengths-based approach when reflecting.

Social worker referring: Social worker is aware of community resources, has professional connections, and considers the need of clients to connect beneficiaries with existing resources based on identified needs. This should be a client-led process. However, once the client is referred to additional resources, the social worker becomes less involved in supplementary intervention.

Social worker brokering: Social worker is aware of community resources, has professional connections, and considers the needs of clients to connect beneficiaries with existing resources based on identified needs. Client-led approach as the social worker will stay engaged and involved with client treatment through the brokering process. Based on beneficiary need, the social worker may physically accompany clients to additional resources or stay highly connected and involved with the client as they receive subsidized intervention.

Students/trainees will be given the opportunity to develop a case study based on vocation interests with professional guidance. Assessment of completion should be administered for instructors to provide targeted feedback for participants.

Opportunity for written or oral reflection for participants on the needs assessment, referral process, and case study completion.

Teaching Methods:

working groups, case studies

Summary of Unit Outline:

Guides students on how to perform a needs assessment with individuals and then refer them to existing resources

Allows students to create their own case study and go through the referral process

Suggested Material:

Needs Assessment templates and tools.

https://www.carepatron.com/files/needs-assessment-for-social-work.pdf

https://www.nacsw.org/Convention/WengerClemonsJClientFINAL.pdf

http://www.ub.edu/hsctreballsocial/sites/default/files/pdfs/recursos/obrien_conceptualitzacio_necessitats_nens.pdf

Roles of Social Workers

https://helpingsocialworkstudents.weebly.com/uploads/6/9/3/3/6933443/the-roles-of-a-social-worker.pdf

Importance of Intervention

Learning Objectives of the Unit:

Students/trainees will gain a comprehensive knowledge of the intervention process.

Students/trainees should grow to understand the process of changing behavior as it relates to the intervention process.

Students/trainees will explore how casework acts as a prerequisite to interventions.

Students/trainees will receive a comprehensive overview of the intervention process using given material by the instructor.

Opportunity to introduce the topic utilizing the Generalist Intervention Model (GIM). Often used in general social work practice, the GIM provides a substantive framework that formulates the intervention process by establishing six steps to progress through.

Engagement:

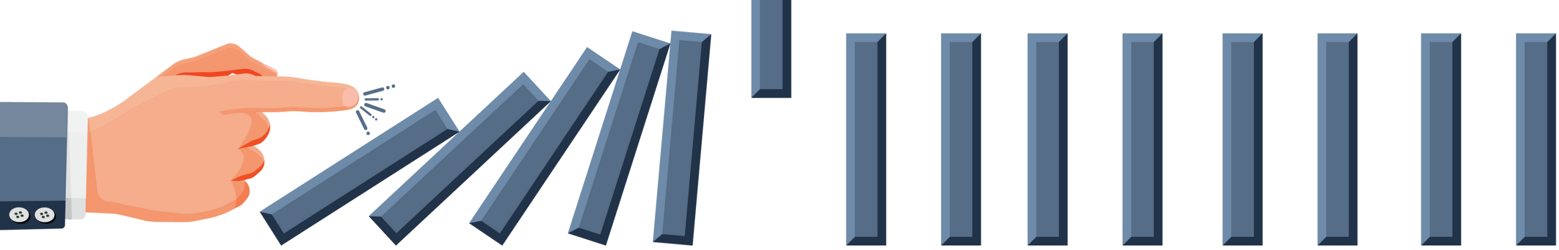
The first step in the process is to build the client/clinician alliance. To do so the clinician needs to consider how to interact with the client. Not only does the clinician need to be intentional about language and building a relationship, but consideration needs to be applied to the environment where the meeting takes place. The clinician should also be incredibly conscious about the way they are dressed and body language so as to be proactive in creating a safe environment for the client.

Assessment:

The next step of the GIM process is assessment. This includes clearly articulating the identified problem while applying a strengths-based approach to recognize the skills, strengths, assets, and abilities of each client. The clinician should gain a clear understanding of the client's system to create a comprehensive person-in-environment approach. A thorough investigation should be carried out to explore all aspects of the presenting problem and assess the desires of the client.

Planning:

Categorized by working with the client to develop an intervention plan to address concerns. The client and clinician work together to prioritize problems and develop the problems into needs. Based on the identified needs, differing levels of interventions are applied to each level of need and goal setting is implemented. Following the development of SMART goals, a written outline of goals should be developed to provide a tangible framework for intervention.



Implementation/Intervention: Implementing the previously agreed upon plan takes place and the client begins to engage in interventions specific to their goals. Monitoring the progress and efficacy of the intervention should be consistent through every step of the intervention. Due to the cyclical nature of the GIM, iteration can occur if intervention proves ineffective for

goals. If a plan needs revision, multiple attempts at intervention should occur until the intervention is able to be completed to the best of its ability.

Evaluation: Employing a single subject design model, a goal attainment scale should be developed to accurately allow for evaluation of the efficacy of the intervention process to occur. Evaluation should occur throughout the entirety of the client/clinician relationship, however specific attention to client satisfaction should be taken.

Termination: The termination process should be discussed and communicated throughout the entire client/clinician relationship to minimize any potential harm. Ensuring that client and clinician expectations for the termination process are explicitly communicated is essential in the final process. If the client and clinician agree that follow-up is necessary, the specifics of such should be discussed at length.

Students/trainees will be given material and information on the connection between behavior as it relates to the intervention process. The theory of intervention's efficacy as being based on a change in knowledge, attitude, and behavior should be highlighted to ensure that participants understand the interconnected concept.

Potentially introduce ΔKAB - Change in Knowledge, Attitude, and Behavior

The concept that changing one aspect of the triad of factors will inherently change the others. For example, if a client was to gain new knowledge about an adverse experience, their attitude might change, thus spurring a change in behavior as well. The theory asserts that you could begin with a change in either knowledge, attitude, or behavior and the rest would change as well. Ensuring that students/trainees are aware of this theory and can apply it in practice is essential to develop competence in social workers. Interventions could be applied to each component, knowledge, attitude, or behavior, as the client sees fit. The clinician should be intentional about framing the intervention around where the client leads, ultimately seeking to instill change in one factor that will change the rest.

Students/trainees will gain a knowledge of the importance of casework as a prerequisite for interventions. Instructors should provide ample resources on the proper framework for casework and stress the importance of accurate documentation in casework to set students up for success.

Teaching Methods: Formal lectures, peer discussion, group work, and discussion with service users/providers

Summary of Unit Outline:

Provide information on best practice for intervention development.
Allows students to understand how intervention focuses on changing behaviors.
Discuss how casework acts as a prerequisite to intervention.

Suggested Material:

Generalist intervention Model (GIM):

- Generalist Intervention Model (andrews.edu)
- file:///C:/Users/17249/Downloads/madamek,+Journal+manager,+Miller_GeneralistMS08-07REV+formatted2.pdf

Networking with the Community

Learning Objectives of Unit:

Students/trainees will understand the importance of networking with communities.
The student/trainee will hear from local and international nonprofits about offered services
Participants will be provided with the opportunity to connect with established professionals in the community.

Unit Outline:

The importance of networking with local communities for the implementation of services and intervention is an essential component of ensuring best practice for clients.

Students/trainees will begin the unit by gaining an understanding of the importance of networking with professionals in communities. The instructor will provide resources on the benefit of networking for professional development and the support it gives helping professionals in careers likely to experience burnout.

Opportunity to provide learning material on networking platforms such as LinkedIn or Handshake.

Participants could have the opportunity to have a resume and interview workshop to aid in bolstering professional development.

Participants will be provided with an opportunity to have a Q&A and discussion with local and international nonprofits. Prior to the Q & A session, students/trainees should have questions prepared to ask. Student/trainees will be able to pose these questions regarding services and interventions offered to beneficiaries, professional advice, and how to expand one's network.

Following the Q&A session, students/trainees will participate in a reflective exercise to process any information gained. This could be implemented in a group or individual setting with both oral and written components.

Lecturers should reinforce the importance of professional networking and elaborate concepts of collaboration between professions. Discuss the importance of a strong network as it relates to tangible benefits such as increased access to resources as well as the psycho and social benefits of having connections with other helping professionals.

Teaching Methods: Discussion with service users/professionals (potential for integration of subsidized reading material and lectures to prepare for Q&A)

Summary of Unit Outline:

Q&A and discussion with local and international nonprofits, their services, and how they have engaged in professional development.

Reflective exercise to establish the importance of networking.

Suggested Material:

CLICK HERE

Resources for resume creation and building

- https://www.columbiaspectator.com/spectrum/2020/03/10/how-to-use-linkedin-and-handshake-effectively/
- https://www.indeed.com/career-advice/resumes-cover-letters/social-work-resume-skills
- https://ca.indeed.com/career-advice/resumes-cover-letters/social-work-resume-skills

Information on utilizing tools, such as LinkedIn and Handshake to maximize networking

- https://www.columbiaspectator.com/spectrum/2020/03/10/how-to-use-linkedin-and-handshake-effectively/
- https://www.linkedin.com/pulse/networking-ultimate-secret-handshake-business-success-mccardell-jr-/
- https://videovault.wsu.edu/documents/2021/01/ccb-evolving-your-virtual-brand-linkedin-and-handshake-insights-transcript.pdf/

IMPORTANCE OF NETWORKING

- https://www.seek.com.au/career-advice/article/how-professional-networking-help-career
- https://www.socialworkdegrees.org/professional-networking-in-social-work
- https://www.socialworkdegrees.org/professional-networking-in-social-work
- https://www.socialworklicensure.org/resources/social-work-organizations/
- http://tumkuruniversity.ac.in/oc_pg/msw/MSW%20II%20semnetworking.pdf

- Advocating for Your Clients

Learning Objectives of the Unit:

- Students/trainees will gain tangible information on the importance of advocating for clients.
- Students/trainees will gain professional opportunities to choose a topic and highlight aninitiative that they hope to promote in their community or organization.
- Students/trainees will benefit from professional mentorship and supervision while completing assigned tasks.

Unit Outline:

The role of social workers as advocating for their clients should be emphasized by instructors to create an environment where students have structured scaffolding to make connections between previously gained knowledge and the topic of advocacy.

Instructors should ensure that participants are gaining a comprehensive understanding on the role of advocacy and social work. Designated discussion should be implemented to encourage participants to critically examine their responsibility to work with clients in establishing an empowering therapeutic alliance.

- Instructors will give students an opportunity to select an individual topic related to their field of study. Students/trainees should be encouraged to select something that aligns with their values and initiatives they hope to promote in their communities. Guidance from professionals should be offered to aid participants in identifying substantive topics that provide a framework for the assignment.
- Discussion with service professionals and providers in the community could provide participants an opportunity to gain insight into the tangible workings of the sectors and topics they are interested in.
- To further emphasize the importance of client-centered services, students/trainees should interact with current beneficiaries of services to develop advocacy models based on client perspectives.

Teaching Methods

Discussion with service users/providers.

Summary of Unit Outline:

Importance of advocating for clients will be reinforced to students/trainees by lecturers
Students/trainees will choose a topic and highlight an initiative that they hope to promote in their community or at an organization.

Suggested Material:

If instructors want to encourage students to consider how personal values align with their initiatives, self-reflective tools could be used.

https://static1.squarespace.com/static/5e376ea4bf646e003f3f7145/t/6376dab770562331f747202c/1668733624232/Building+Your+DBT+House.pdf

https://thesororitylife.com/wp-content/uploads/2020/10/Values-Worksheet.pdf

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This guide reflects the collective efforts and collaboration of all involved.

NOOR AL HUSSEIN FOUNDATION مؤسسة نور الحسين

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Al-Balqa Applied University

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Practical tools for enhancing relationships within families and communities

by

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Prof. Jehad Ali Falah Alsaideh

Rasha Batarseh

1. Introduction

Welcome to the Social Workers' Guide and Manual, designed to provide comprehensive support and practical tools for enhancing relationships within families and communities. This manual is structured to address various aspects of relationships, including self-relationship, marriage relationship, and parenting relationship. It aims to equip social workers with the knowledge and strategies necessary to facilitate positive change and promote well-being among individuals and families they serve.

As social workers, your role is pivotal in fostering healthy relationships and supporting individuals through their personal and interpersonal challenges. This guide offers structured sessions, activities, and discussions tailored to address common issues and build strong, resilient relationships. Whether working with individuals, couples, or families, the resources provided in this manual are intended to help you guide your clients towards a deeper understanding of themselves and their relationships, leading to improved mental and emotional health.

This manual is designed to be flexible and adaptable to various contexts, allowing social workers to tailor the sessions to meet the specific needs of their clients. By using this guide, social workers can create a supportive environment that promotes growth, resilience, and positive relationships within the families and communities they serve.

2. Purpose

The purpose of this manual is to serve as a practical resource for social workers, providing them with the tools and strategies needed to facilitate effective interventions in various relational contexts. By following this guide, social workers can help individuals and families navigate their challenges, build stronger relationships, and foster a supportive community environment. The manual aims to enhance the skills of social workers in promoting personal growth, healthy communication, and emotional resilience among their clients.

3. Objectives

1. **Enhance Self-Understanding and Care**:
   - ✓ Help clients build a positive relationship with themselves through self-awareness and selfcare practices.
   - ✓ Provide strategies for clients to recognize and celebrate their strengths and achievements.

2. **Strengthen Marital Relationships**:
   - ✓ Equip social workers with tools to support couples in understanding the uniqueness of their marriage.
   - ✓ Address common marital challenges such as unmet expectations, communication issues, and shared responsibilities.
   - ✓ Promote open and healthy communication between spouses, enhancing their emotional connection and mutual support.

3. **Support Effective Parenting**:
   - ✓ Offer guidance on building trust and positive relationships between parents and children.
   - ✓ Provide techniques for parents to show love, set boundaries, and foster their child's problemsolving capacities.
   - ✓ Empower parents to nurture their child's self-worth and emotional development.

4. **Address External Influences and Promote Forgiveness:**
   - ✓ Identify and manage external influences on relationships, setting healthy boundaries to protect family dynamics.
   - ✓ Facilitate discussions on the importance of forgiveness and its role in emotional healing and relationship strengthening.

5. **Promote Community and Peer Support**:
   - ✓ Encourage the development of supportive community networks among clients.
   - ✓ Use group activities and discussions to build a sense of belonging and mutual support within the community.

6. **Provide Practical Activities and Homework**:
   - ✓ Include structured activities and homework assignments to reinforce learning and encourage practical application of concepts.
   - ✓ Use storytelling, role-play, and group discussions to engage clients and facilitate meaningful reflections.

4. Sections

Each session contains the following sections.

WELCOME:

Each session starts with a welcome. Participants are invited to share about last week's homework and review the previous session. Some sessions include games to get participants thinking about the subject.

SESSION:

This is the main part of the curriculum. Each week there is a different topic for the session. The session has many different parts, and includes times of discussion, activities, dramas, and sharing information. Each session starts with a story. Each participant should receive a copy of the story, available in the Appendix, and they should take turns reading the story. After reading the story, there is a short discussion about the story using questions provided.

DISCUSSION QUESTIONS:

Discussion questions encourage participants to reflect on their own lives and apply the lessons they are learning in the session. This curriculum is designed to facilitate significant discussion within the group, with the facilitator only doing small amounts of talking. Most of the ideas and talking should come from the participants in the group.

KEY MESSAGES:

At the end of every session there are key messages. The facilitator should always make sure that those key messages have been shared and are understood by the participants in the group.

SOCIAL TIME:

Each session should include a social time. This is a time for the participants to enjoy drinking a tea or doing an activity together. This time is important, as it gives the participants a chance to have conversations and build a relationship.

HOMEWORK AND CLOSING:

The homework is to encourage the participants to continue their reflections and to put communication with their spouses into action. Each week there is a specific assignment for the participants to work on, and the facilitator should give each participant the lesson summary for them to take home and review during the week. Lesson summaries can be found in the appendix. Sometimes the closing session will include a short activity, usually meant to help the participants end the session with positive thoughts and feelings.

Instructions to the facilitator are in normal print. *Italics* is used to draw your attention to a section you should say word-for-word because it contains key concepts that must be shared.

5. Unit 1: self-relationship

5.1. Stories of Our Lives

Learning Objectives:

1. Build an environment where mothers feel safe, accepted, and listened to so they can confidently share their life stories.
2. Team building and encouragement.
3. Start changing views on life circumstances.
4. Learn to seek and recognize positive things in their lives that may still often experience difficulties.

Used Equipment:

- Beautiful plastic rose for "Talking Rose" segment
- Stones
- Plastic (or real) roses
- Camera

Special Preparations:

Decide what the barrier game is and prepare for it.

Welcome: (13 minutes)

- Welcome everyone.
- How did last week's homework (making a thank you necklace) go? How are they today?
- (Bring a beautiful plastic rose. This is the "talking rose." When it is in your hands, you are the one talking and the others are listening. It can be passed around among the group while each one shares a brief about their week.)
- Break the barriers: Play a fun group game together, such as a game (See Appendix). Clap Stomp.

Lesson: Share Our Own Life Stories (03 minutes)

- Today we will continue to listen to each other's life stories. Those who could not participate last week can participate this week.
- The time frame for each person is 0 minutes. There will be a buzzer sound or signal to stop. Tell them that this doesn't mean we can't listen to them more in another week, but for today we will only have 0 minutes.
- Remind the group about the use of rope (which symbolizes life), stones (tribulations/difficulties/sadness), and flowers (beautiful memories, happy moments/things to be grateful for/encouragements).
- The rope can be thrown to the ground, and while the story is being told, stones and flowers are placed along the rope at key life events. For example; graduation party; marriage; birth of children; deaths; transmission, disease; broken relationships; new friendships; jobs, etc.
- After finishing the story, a photo of the life line can be taken (the women will later receive printed material as a memory, perhaps with some words of encouragement on it. When all the life lines are printed, a photo will be taken of all of them together - as a reminder and

encouragement to them that they are not alone but rather carried by others who have similar experiences).
- (Remember: tears are healthy and necessary; when listening to women, try to reflect them "like a mirror." Focus on the emotional side; give them an evaluation that speaks from your own feelings as you listen to their stories and add encouraging things about their strength, skills, uniqueness, perseverance, etc.)

Discussion Questions:
- For those telling their stories, what was it like to share with others? Was it helpful to use stones/flowers? Was it difficult?
- For those who were listening, what did you notice about their stories? Can you feel connected to it? (Encourage sharing stories short.)
- What benefits can we all gain from sharing life stories?

Key Messages:
- We appreciate each other by listening to other people's life stories. We can care about each other when we know our experiences are similar or different. We feel valued and supported when others listen to our stories.

Social Interaction Time: Supportive Group Discussion (15 minutes)
- (Note: This can be done when sharing tea/coffee/snack)
- Discuss the idea of helping others, even when we feel like we are in a difficult place. Encourage women to look for ways this week to share and encourage others around them. Use those precious things within you (character, ideas, strength, wisdom...) to bless others.
- For example: listening to someone sad, encouraging someone, inviting someone for coffee, playing with a child.
- Make time to talk together. Congratulate those who shared their stories. Encourage each other.

Homework and Conclusion (5 minutes):
- Thank the women for sharing their stories this week. This made us a really supportive group because we were all listening to each other's personal journeys. Remind everyone that this group is to encourage and support each other, and that confidentiality is important.
- Homework: Continue with the knots and beads, adding a bead each day to the string, thinking of something to be grateful for, whether in the past or present. Also... Find a way to help someone this week or encourage them in some way. Bring the contract with you next week! Thank them for coming and joining.

5.2. Self-Care

Learning Objectives:

- Review and evaluate the various activities they carried out around their difficult experiences.
- Gain strength and encouragement to take care of themselves.
- Identify strategies to deal with the effects of the traumatic events they experienced.

Used Equipment:

- A beautiful artificial rose for the “Talking Rose” activity.
- Distinctive pottery vase/bowl for illustration.
- Multiple items for women to have fun during the “Do Something Good for Yourself” activity, such as nail polish, glitter clay, watercolors and paper, beads, chocolate...
- Some calm music.

Special Preparations:

Attend games; Plan any training you will do to relax together.

Welcome (15 minutes)

- Welcome everyone.
- Break the barriers: Play a fun group game together.
- Allow each woman to briefly share what they have been doing this week, and if in any way they have supported one of the children this week.
  - Use the “Talking Rose” to give every woman the opportunity to participate.

Lesson: Taking Care of Ourselves (03minutes):

Share with a partner or in a smalgroup:

- Who are the people you care about in your life? (e.g. children, spouse, elderly relatives)
- Who takes care of you? Have you tried taking care of yourself? If the answer is yes, give an example, if the answer is no, give the reason.
- Today we are talking about self-care... taking care of ourselves, especially when you have gone through painful events in your life. As women, we often neglect taking care of ourselves because we are too busy taking care of others.

Discussion Questions:

- Do you think taking care of ourselves is important? If your answer is yes, why? If not, why not?
- What can change if we take care of ourselves? How does this affect others? Our children, our marriage, and others in general?

Further Discussion:

- Explain that when we are strong and encouraged, we take better care of those around us. For example, if I don't feel stressed and relaxed I have more patience with my children. This means that we help others when we take care of ourselves, our feelings, our body, and our thinking.

- Why do you care for others? Because you love them, because they are special to you or because they need you. You are special too. You deserve to be taken care of. You are loved - by others and of course by God. Imagine that you received a very special vessel (use a clay vase) as a gift - you will take great care of it so that it does not break! God created each of you in a special way - God is the potter and we are the potter. So we must take care of ourselves!

Gather Ideas on How They Can Start and Continue Taking Care of Themselves:

- When do you feel relaxed? What do you enjoy doing? What do you do to make you happy? In what situation do you feel happiest? What satisfies you?
- Each woman can be given paper, pens, and crayons during the discussion. They can draw a “happiness grid” indicating things they enjoy doing that bring them happiness. Explain to them that having things in life that bring joy makes them strong women for a longer time.

Discuss the Role of Communities:

- What are the communities around you? How can being part of a supportive community help you? (The idea of standing by Share/encourage each other, could this group be a supportive community for you?)

Discuss Ways to Take Care of Yourself:

- How can you treat yourself well? How can you take care of yourself? (Watch the sunset, take time to drink good coffee, visit people, take a nap, sing...)

Example:

- If you are going through a difficult time and/or experiencing sad events, how might this affect your relationship and care for your children? (More difficult, less patient, feeling weak, things getting out of control, your emotions being a mess...)
- Flight attendants on a plane ask parents/passengers to put on an emergency oxygen mask for themselves first and then put it on for their children. Why do they advise this? (If you do not wear an oxygen mask, you will faint after a short time and will not be able to help your children.)
- Likewise with our feelings and the feelings of others: if we do not take care of our inner man, we will not have strength, ability, endurance, compassion, and kindness, for example. What we need to take care of our children.
- Remember some of the activities we did in this group – there are always ways to take care of ourselves and allow us to reflect on our feelings.
    - (e.g., telling a story, putting beads in a necklace, blessing others, journaling, re-laxation exercises).
- Is it helpful to express what you are feeling/thinking? Look at these ways to do it:
    - Talk to someone you trust, tell your life story. Write things down (give them questi-ons for diary writing). Spend quality time (with your children, family, friends).

Take Some Time Each Day to Think About Something You Are Thankful For:

- Simple things like sunsets, coffee, friends, no bad news, playing with your kids... The things we give our focus to are the ones that fill our hearts! (When we remember some blessings in the midst of our distress, it encourages our hearts).

Start Blessing Others:

- Share the story of John who was a drug addict and whose life changed completely and how he broke free from addiction after having the opportunity to help someone else…the feeling of “someone needs me.”
- Prayer.
- Relaxation exercises.
  - Individual counseling sessions if you need them.

Key Messages:

- We need to remember to take care of ourselves, so that we can be strong and take care of others better if we are taken care of as well.
  - We can find ways that help us express our feelings, find happiness in life, and take moments of peace and joy despite the current situation.

Social Interaction Time: Support Group Discussion (05 minutes)

- (Note: This can be done while sharing tea/coffee/snack together).

Activity: "Do Something Good for Yourself"

- Play calm music.
- Do some relaxation exercises together.
- Place some objects in the middle of the circle so that the women can use them while they talk together.
  - For example (nail polish, chocolate, hand cream, beads to make accessories, henna, watercolors and leaves, fun clay with glitter on it).
  - Give women some time to choose an activity they enjoy. Different ladies can choose different activities. Take some time to talk together. And encourage each other.

Conclusion and Duty (5 minutes):

- The duty:
  - Continue writing in your diary... This week, do another stone and daily things for which you feel grateful.
  - Each one must find a way to reward herself in this coming week.
  - Find moments to do something you enjoy, something that encourages you.
- Thank you ladies for attending and wish them a good week and take care of themselves!

5.3. Knowing Our Self-Worth

Learning Objectives:

- Expressing different feelings related to current and personal situations, such as being a refugee and current difficulties.
  - Valuing a person's sense of identity, regardless of the current situation and the opinions of those around them.

Used Equipment:

- Paper plates (one for each woman), note paper, scissors, crayons, pens.
- Various outfits for the drama - some are colorful and some are black.

Special Preparations:

Decide the barrier-breaking game; Attend the play.

Welcome (03 minutes):

- Welcome everyone.
- Break the barriers: Play fun group games together. (See Appendix).
- Share some of the things they did last week to reward them.
- Remember, it can be simple things (like taking 5 minutes to themselves or cooking their favorite food).
- Use a "talking rose" or toss a ball to them to give each woman a chance to participate.

Lesson: Knowing Our Self-Worth (13 minutes)

- Today we will talk about a topic that many of you participated in and found difficult and wanted to discuss... Our topic is about the difficulties you face here in Jordan (being refugees) and your problems with the way others treat you (lack of respect, no dignity).

Activity:

- Each woman gets a paper plate and uses it to draw her face on it. You can use scissors, draw eyes, for example, or draw details of the face and hair, etc.
- Encourage each woman to think about how she would describe herself if she were still in Syria/Iraq etc.
  - Who were you in Syria (daughter, mother, wife, sister, friend, teacher, student...)? What was your job in Syria/what did you do during the day (housework, taking care of the children, shopping for example)? What were people saying about you? (Caring, loving, hard worker, friendly...)? How did you see yourself?
  - They will write all these things on notes and stick them on the left side of the paper plate.
  - After that they will think about how people see them in Jordan. After that, they will write how they feel people see them here. They will also use note paper and stick the paper on the right side of the paper plate.
  - Think about the following: Who are you now? What is your identity here (refugee, mother, sister...)? What do you do here during the day? What is your "job" (taking care of the kids, going to sign up for food stamps, trying to save money, looking for support, trying not to attract attention/minimize problems with Jordanians)? What

do people here say about you with their words and actions (refugee, not worthy of being talked to, beggar, poor, uneducated, has no dignity...)? How do you see yourself?

Drama:

- Woman 1 (you can give her an appropriate name) says positive things and adjectives about Woman #0. While she is talking, she dresses Woman #0 in cheerful clothes (scarf, hat, sunglasses...). Woman #0 is happy, dancing, and encouraging. Then Woman #0 comes and says negative things to Woman #0 (especially the negative things people say about them as refugees) and in the process dresses her in black. Woman #0 becomes sad, burdened by negative comments. (Note: Leave Woman #0 in black for the discussion period for further clarifications).

Discussion:

- Let the ladies talk and understand the problem: There is always one face/person but two different ways to look at it. How could this be the same person?
    - Who are we? Who tells us who we are? Who do we believe? What are the consequences of believing the words and actions of others? (Give examples from drama).

Steps to Knowing Our True Value:

1. **Let Go of Everything Others Say About Us:**
    - (Woman #0 takes off all her stage clothes to illustrate). We want to encourage you to do this by looking at the notes on the paper plate, reading it again, and putting it to the side (Do not throw it away. You may need it later).
    - Give women time to do this.

2. **Think About Our True Value:**
    - Whose view of us really matters? What is God's view of us? (Did God create the whole world? Did God create us? Is God's creation good? Does God make any mistakes? This means: God created you for His purpose for you. If we believe that God is good and holy and sinless, then we have a better purpose to live for/He called us to things greater than people call me. You are not a mistake but a masterpiece, special, wonderfully created, unique, and beloved.
    - This is God's point of view and it is always higher than the point of view and words of others. If people say something about you, always take it back with God's point of view about you. If they agree together, accept it and believe it.
    - Hand out pens and let the ladies write on paper plates their "face" true things about themselves (God's view of them – they are special, lovable, perfect creatures, God is their Creator).
    - They could also think about the following questions and write down some good and valid points as well:
        - What's special about you? / What do you like about yourself? (Artist, kind, good cook, big-hearted, good listener, thinker, patient, fun, good wife, good mother, sister, teacher, organizer, helper, encourager, good dancer). What do others like about you?

- Their plates should be full of good things about themselves by now, and if they want, they can share some good points about each other and write those down as well.

3. **Keep These Positive Messages About Our Identity in Our Hearts:**
    - Take time in prayer (if appropriate), asking God to reveal to us the truth of who we are. Play some soft music and let the ladies re-read what they wrote and try to believe it.
    - (Remember that if a woman cannot write, you can help her quietly with the day's activity, partner her with another woman, or let her draw).

Homework and Conclusion (5 minutes):

- Thank you, ladies, for joining today's discussion. These group times can encourage us all.
- The duty:
    - Hang/place your paper face somewhere where it can be seen every day. Remind yourself of who you really are. Say words of encouragement to someone else throughout the week.
    - Complete your diary... Write something real and positive that you remembered about yourself this week... Or write something good that someone said about you.
- Thank them for coming and joining.

5.4. Dealing with Harassment and Ill-Treatment

Learning Objectives:

- Discuss ways to deal with harassment and mistreatment of women and their children (on the streets, schools).
- Acquire skills to encourage and support their children.

Used Equipment:

- "Talking Rose"
- Squares of black paper (several pieces of each)
- Colored or regular white or silver pens to write on black paper an image showing the sun, shadow, or darkness.

Special Preparations:

Attend games; If you can, you could invite a speaker to participate in the group on how to turn problems into opportunities, paper boat folding exercise.

Welcome (03 minutes):

- Welcome everyone.
- Break the barriers: Play a fun group game together. (See Appendix).
- Share together what last week's homework was like (use the 'talking rose' to give each woman the opportunity to participate).

- Remind women that many of the topics we talked about—like our worth and importance last week—are things they can talk about and share with their children. They can also use activities with them (such as drawing a face on a paper plate).

Lesson: Dealing with Our Difficulties (03 minutes)

- If you are able, you could invite a speaker to participate this week. It is preferable for a refugee woman to be in a similar situation and have found positive ways to encourage and support her children in the midst of difficult circumstances. If you can't find someone suitable, have the women in the group share some of their experiences, or things that have worked for their children.

<u>Discussion:</u>

- Give the group time to share about the things they found difficult in their lives as refugees, especially the harassment they and their children face.
- Let them write down each difficulty on the black piece of paper.

<u>See Difficulties as an Opportunity for Growth:</u>

- Everything has two sides. We decide which of them we see: the sun or the shadow (show the picture of the sun and the shadow).
- Give some personal examples of times when you chose to see the good in times of difficulty:
    - Example: complaining about the cold and rainy weather, or being thankful that you have a dry house instead of a tent.
    - Complaining that you wake up every day in the middle of the night because your baby is crying, or being thankful that you have a baby.
    - Complaining about a health problem, or being thankful that there is treatment or medical assistance.
    - To be sad that family members are far from you, or to be thankful that you have a family.
- How we see the world around us and how we deal with our lives is in our hands, regardless of the circumstances we are in - Do I want to see opportunities in times of difficulty? Do I control my circumstances or do circumstances control me? Do I allow my circumstances to affect my feelings?

- **<u>There Are Some Ways to See Opportunities in Times of Difficulty:</u>**

1. We experience who God is: that He is present in the deepest valleys, He mends the broken heart, His heart is full of tenderness, He comforts the sad, God can heal every wound, whether internal or external, He can turn bitterness into sweetness...a bad thing into good.
2. We grow through difficult times: God is there in times of suffering, God wants to do something. God has a purpose and that purpose is good. “Good” may not guarantee an immediate end to suffering, but God wants to use suffering to do good for us and those around us. He shapes us, as we draw closer to him. We can grow to be people who are able to encourage and support others who are going through similar circumstances later on. If you have been healed from the experience of suffering, you can heal others as well.
3. We become stronger: (Example: The bamboo plant. This plant can rise to 13 meters above. The stem of the plant is hollow, and it contains knots and joints that make it strong and

protect it from breaking.) These knots and joints represent challenges in our lives - they give us the opportunity to be stronger.

4. We become more thankful - only the person who has cried knows the meaning of joy! Only when we miss or lose things and people then we realize how important they were in our lives. This can lead to a thankful heart. (The story of two women standing in a field in winter. They both watch the snow cover the ground and think of the summer when the beautiful flowers covered the field. One of them had a heart full of bitterness as she thought of the past and what she lacked now. The other thought of the past and was grateful for the time she enjoyed the flowers).

Clarification:

- Choose one of the pieces of paper, and discuss the difficulty written on it. Look for the possibilities and opportunities within that difficulty and how to transform it into something encouraging for us and our children...
- How can we prepare and empower our children so that they can flourish and go on to live emotionally healthy and full of hope?

Activity:

- As you continue your talk, fold the paper into the shape of a boat and explain to them how this symbolizes turning a problem into something powerful and useful.
- Continue doing this until you have finished all the papers, and brainstorm together how we can learn from this and turn it into something that will make you stronger. Women can also fold paper and make boats.
- At the end, you can place the boats on a tray/tub of water if you wish, as a sign to release all those problems and get the hope that makes us strong.

Conclusion and Homework (5 minutes):

- You can do relaxation exercises with women.
- Encourage them to continue to choose to look at life from a positive perspective and acknowledge difficulties but also look for ways to make themselves stronger.
- Homework:
    - Relaxation exercises.
    - They take one or more difficulties discussed that fit their situation, and apply the ideas that make them and their child stronger. Write a list of ideas they remember or got from the day's discussion in their journal, to turn problems into strength.
- Thank them for coming and participating.

5.5. Moving Towards Forgiveness

Learning Objectives:

- Discussing and understanding what forgiveness is (and what forgiveness is not).
- Knowing the benefit of forgiveness for us - it enables us to move forward in life.

Used Equipment:

- "Stones" Brick" for drama.

Special Preparations:

Decide and prepare for the game to break the barrier; Attend the play.

Welcome (03 minutes):

- Welcome everyone.
- Break the barriers: Play different games together. (See Appendix).
- Share how last week was and if there are any ideas for last week's assignment (about encouraging themselves or their children through difficulties).
- Today we will talk about forgiveness - although it is a very difficult thing, it is an important step in healing our feelings - it helps us move forward with a lighter heart.

Lesson: Finding a Place for Forgiveness in Our Lives (03 minutes)

- Imagine that someone bumps into you on the road and drops your purchases. Then this person says to you, "I'm sorry," and you pack your things and leave. How would you feel?
- In such a situation, yes, you can feel annoyed and upset towards this person. But as long as you are not harmed and the purchases are not harmed, it will be easy for you to forgive this person for continuing on. Most likely, you will not think about this situation much after that.
- However, for many of us, there is a much deeper pain that hurts and hurts. The things that have been wrong with us that we feel are true within us can make us feel sad, hurt, and angry, and the idea of forgiving and moving on with our lives may seem tiring.
- But the issue of forgiveness is an important and fundamental issue in the healing process (healing our feelings).
- Spend some time explaining and discussing the principle of forgiveness and the consequences of unforgiveness:
    - Pain > Bitterness > Anger > Hate > Murder (in its absolute expression).
    - Hate poisons our lives. o Forgiveness heals us.
    - A person must obtain healing for himself and then be able to help others. Healing does not mean the pain goes away, but rather brings it to a level where it can be shared.

Drama: How to Move on with Life While Going Through Painful Experiences

- Person A puts a lot of stones on Person B's back. As each stone is placed on Person B's back, he bends further down until he is kneeling on the ground. Person A begins to leave (but remains in the room), Person B slowly gets up, expressing pain and fatigue, and then begins to show greater anger and hatred. Person B picks up all the stones, carries them, shows how heavy they are, and then starts looking for Person A. Person A does not pay attention to Person B, while Person B follows Person A, looking more and more tired from the weight of the stones and the suffering of carrying them.

Discussion:
- What do you think of what you saw? Who sins against whom?
- How did person B keep the stones and remain burdened by them?

Explain:
- Person A who sinned against Person B was walking freely. But Person B was carrying a lot of anger and was hurting himself. He was not freed, but on the contrary, he remained chained to the stones.

Meaning of Forgiveness:
- Forgiveness is "letting things go." Doing so frees us and protects our hearts from bitterness.

Forgiveness Is:
- Neutralizing the effect of the wrong committed against us.
- A process.
- Deep work.
- It takes pain to a level where it can be shared and healed.

What Forgiveness Is Not:
- Forgetting.
- All pain gone.
- Easy, simple.

Criteria for True Forgiveness:
1. Identifying the mistake and knowing the pain (do not say: "I don't care"… Of course, it is important that I am in pain… Of course, it is important that I bear the consequences).
2. "Releasing" the wrong that happened to you. Agree with yourself that you will no longer carry those things with you.

Drama: Repeat the Previous Drama, but This Time the Person Forgives:
- You could invite one of the ladies to act out the drama again, show person A putting stones on person B's back again. But this time, person B feels pain and fatigue...then decides to leave those stones and not carry them. After that, he will be free to follow his life path however he wishes.
- Otherwise, leaders can act out the drama. Discuss the difference that made in the groups.

Activity: There is Freedom in Forgiveness
- Invite women to begin a journey of forgiveness and explain that some major wounds may require more time to forgive and adjust. Encourage them to start with something they can handle, name it, and call it out.
- Give each woman some paper and a pen, maybe play some soft music.
    1. Have them write down on a piece of paper the hurt they experienced. Don't let them underestimate the horror of what happened to them. Let them write down the pain

they felt. (Remember: Forgiveness does not mean forgetting what happened as if it never happened, or making it seem as if it was not a problem.)

2. “Launch” – On another piece of paper or on the back of the other sheet have the ladies write or draw something they are ready to unleash.
3. Those papers will be burned or shredded and thrown into the garbage.
4. Prayer if a woman wants it (prayer makes healing come more fully).

<u>Conclusion and Duty (5 minutes)</u>:

- Thank you, ladies, for being so open and sensitive today. Thank them for thinking about forgiveness. Encourage them that this will free them.
- The duty:
    - They can draw or write in their journal what they understood about forgiveness today. What did it feel like to release something that hurt you, to be freed from the stones you carry? Let them think about the things they still have that they haven't released yet.
- Thank them for being part of this group.

6. Marriage relationship

6.1. Introduction

As social workers, your role is to support and guide individuals and couples through various stages of their relationships, including marriage. This manual is designed to help you facilitate discussions and provide resources to strengthen marital relationships, address challenges, and promote healthy communication and understanding between partners.

6.2. The Uniqueness of Marriage and Expectations

Notes to Facilitator

Learning Objectives:

- Get to know each person in the group and understand the goal of the group.
- Identify what makes a marriage relationship unique from other relationships.
- Identify our expectations of marriage and how those expectations affect our relationship with our spouse.

Materials Needed:

- Talking ball/flower
- Make a copy of the story and one page lesson summary for each participant Small Plant
- A-4 Paper
- Markers
- Flip Chart Paper

<u>WELCOME (15 minutes):</u>

Welcome everyone.

Give a brief introduction to the curriculum. Marriage should be a beautiful and sacred relationship. Healthy marriages create healthy families. Healthy families create healthy communities. While marriage can be beautiful, we also know that in every marriage there are challenges and hurt. The goal of this curriculum is to explore together the foundations of a healthy marriage. This curriculum will follow a serial story. Each week we will follow the story of one couple as they face and overcome challenges in their own marriage. Through this story, activities, and group discussion, we expect everyone to flourish more in his/her marriage.

The facilitator can share additional information from the **Error! Reference source not found.** section of this book.

Have everyone in the group introduce himself or herself. They should share their name and what they hope to get out of the group. As the facilitator, take notes of their goals. At the end of the course this will help you to evaluate the course.

Ice-breaker

Name game
Every person is instructed to think of his/her favorite food. Every person will then introduce his/herself briefly, and share what his/her food plant is and why. The goal is for the participants to learn each other's names and share a little bit about themselves.

Line-up game
This game is played several times but with a different focus each time, requiring the participants to observe each other, ask each other questions and get to know information about each other that might help to build relationships. This will also help facilitators to spot participants who may have leadership potential or particular critical and organizing skills. Examples:

- Line up in height order.
- Line up in age order.
- Line up in order of birthdays.
  - Line up in order of how many children you have. Line up in order of shoe size. etc.

SESSION (45 minutes):
Ask the participants to take turns reading the story.

Story:
Hana and Khaled work together at a communications company. They would sometimes work together on projects. They started to like each other. Khaled would find ways to help Hana and be around her. A few friends at work noticed how they looked at each other and how Khaled treated Hana very nicely. Sometimes their friends would get coffee after work, and Hana and Khaled would try to sit close to each other and talk to each other.
After 6 months of working together, Khaled told Hana that he liked her a lot and he wanted to grow their relationship. Khaled found Hana very attractive. She was beautiful, kind, and came from a good family. Khaled wanted to get married and start his own life and family. He felt like it was the right thing for a man to do, and he was tired of being alone. He asked her to marry him. She was surprised by his proposal because they did not know each other very well, but he worked hard and was handsome. Her friends all said that she was lucky he showed interest in her. Hana wanted to be married. She was 25 years old and many of her friends were already married. She also thought marriage would make her more respected. One of her aunts had never married, and she was now 42 and caring for her parents in the home. Hana was worried that if she didn't get married soon, she would never get married. Hana accepted Khaled's proposal.
Hana and Khaled agreed that their families needed to meet. Hana talked to her mother about how much she wanted to marry Khaled. And Khaled decided he would visit Hana's parents to talk about getting married and discuss the marriage arrangements, including the financial requirement. Hana's father said that Khaled needed to have a house before they could marry, but Khaled was not wealthy and therefore could not afford one. Khaled and Hana were frustrated and disappointed. Khaled continued to work hard and save enough money to at least rent an apartment that he could live in with Hana when they got married. Eventually, Hana's father agreed to the marriage, but Khaled was upset about how difficult it had been and all the rules and demands Hana's father had made.
Khaled also saved a lot of money to prepare for the wedding. Planning was difficult. Hana knew that they did not have much money, but she wanted to impress everyone on the

wedding day. Many of her friends had very beautiful weddings, and Hana wanted her friends to think that her family was secure financially. Khaled was upset by Hana's plans for the wedding, as he did not feel it was a wise way to use money, but he was afraid to discuss this with her.

After the wedding, they moved into their apartment together. At first, they were very happy. They liked having their own home and marriage felt new and exciting. But soon things started to become difficult. Khaled worked long hours and often came home late. Hana still went to work part-time, but some of her friends made fun of her saying Khaled could not provide for her. This made her feel ashamed, because she wanted to work. Hana also was frustrated that Khaled expected her to do all the work in the home herself. Khaled would come home from work and expect to rest. He expected Hana to bring him dinner. He would often play games on his phone or watch TV. Hana wanted to talk to Khaled and for him to notice her and how hard she worked. Hana grew frustrated by Khaled's lack of attention. Khaled felt frustrated that Hana would not just give him time to rest and did not seem to appreciate that he worked hard. He found Hana very beautiful, and felt lucky to have such a beautiful wife, but he felt like she demanded too much of his time. Hana was grateful Khaled had a good salary, but felt lonely and that he only paid attention to her when he wanted something. They began to wonder if maybe getting married was a mistake. This was not what they expected marriage to be.

Story Discussion Questions:

1. What made Hana happy about getting married? What made Khaled happy about getting married?
2. How would you advise Hana and Khaled on how their relationship might change after marriage? What makes marriage unique from other relationships?
3. What are some examples of expectations that Hana and Khaled had when coming into their marriage? How did they feel when their expectations were not met?
4. What is a family you admire and why?

Activity and Session:

We are going to do two activities to explore the uniqueness of marriage and the expectations we bring to marriage.

Uniqueness of marriage:

1. Break the group into small groups of 3-4 people. If you have couples in your group, split them into different groups so they are not together in the same small group.
2. Have the groups answer the following two questions and write their answers on a flip chart:
    a. First half of the flip chart: Why should two people get married?
    b. Second half of the flip chart: How is the marriage relationship unique (different from other relationships)?
3. Have the groups share their answers with the larger group.
4. After the groups have shared, give each participant several minutes to reflect on what was shared. Ask each participant to share something they learned from the group on how marriage is unique.

Expectations:

1. Give each participant a blank sheet of A-4 paper and pen.
2. Have the participants create three columns on their paper.

3. In one column, they should list the expectations they had entering into marriage.
4. In the second column, have them write whether or not these expectations were met.
5. In a third column, have the participants write why this expectation was not met (examples: not practical, unexpected changes in family, did not know I had this expectation until it was not met, etc.)
6. Next, using the same piece of paper, have participants write three pieces of advice they would give to themselves on the first day they were married. What do you know now, that you would want that person to know?
7. Have the group hold onto these papers, which will be used again later in the discussion.

One of the things that can cause conflicts in our marriage is our own expectations. We all bring expectations into a marriage, and many times there are expectations that are not met, or we do not even realize that we have those expectations. Some expectations are realistic, healthy, and right to expect in a relationship. Others are unhealthy, unrealistic, and are not things we can expect. When our expectations are not met, it can lead to bitterness and tension. In the activity you all took time to explore your own expectations of marriage—which ones were met, which ones were not met, and why. It is very important for husbands and wives to communicate openly with each other. We will now discuss this together.

DISCUSSION QUESTIONS (15 minutes):

1. What are expectations did you have that were met in marriage?
2. What expectations were not met? Why do you think they were not met?
3. How was your marriage different than what you expected? What advice would you give yourself if you could go back and give yourself advice on the first day of marriage?
4. How can we address unmet expectations in marriage?

Show the group a plant and say: A marriage relationship is like a garden. It can be a beautiful thing, but requires a lot of consistent care and effort. What does a garden need to stay alive, beautiful, healthy and growing? A garden needs care, time, water/sunlight to feed the plants, a protected place/borders to keep the plants safe from destruction, pruning/trimming. Without these things, a garden will die day by day until there is nothing left.

The same happens in marriage relationships. Without giving time, love, care, protection and respect, it won't last forever. It takes a significant investment of time and effort to build a healthy and strong marriage. We don't always expect the challenges, worries, and pain that can come into a marriage. Just like the example of a garden, a healthy marriage does not just happen on its own, it takes care and effort. Love is not just emotions; it is also a decision. Marriage is making a decision to love the other person every day; it is not just something you feel or something that comes by default.

KEY MESSAGES:

- A marriage relationship is different from other relationships in our lives. (Repeat the main findings of the group on uniqueness from the activity in the lesson).
- We all bring expectations into marriage. It is important to identify the difference between realistic and unrealistic expectations.
- When our expectations are not met, we need to find healthy ways to address these disappointments. We do not want to become resentful and bitter.

- Couples need to communicate openly. Husbands and wives need to share their feelings, fears, and hopes with each other. Often there is tension in marriages because we are not sharing with one another because we are afraid of how the other person will respond. Expectations are not met, but one person may not even know those expectations exist.

SOCIAL TIME (20 minutes):
Enjoy a tea, coffee and small snack together. This is an informal time for participants to share and reflect.

HOMEWORK AND CLOSING (5 minutes):
Take time to talk to your spouse about three expectations that each of you had before you got married and three expectations you have now. What are some things you would like to start doing as a couple to strengthen your marriage? Try to do that one thing together this week and share with the group next week!

Key Takeaways:
- Understanding each partner's expectations can prevent future conflicts.
- Realistic expectations and continuous communication form the foundation of a healthy marriage.
- Reflecting on personal expectations helps couples adjust and strengthen their relationship.

Future Recommendations:
- Encourage regular check-ins between spouses to discuss evolving expectations and goals.
- Implement routine communication exercises to maintain open dialogue.
- Promote couples' workshops or retreats focused on marital enrichment and growth.

6.3. Responsibilities in Marriage

Notes to Facilitators
Learning Objectives: • Reflect on the reasons for different responsibilities between husbands and wives. • Identify in your relationship how these responsibilities have a positive or a negative influence on the marriage relationship. • Recognize that responsibilities can be shared differently, but that it ideally is a solution both partners support. • Recognize that following the example of your parents might not be best for your family. **Materials Needed:** • Talking ball/flower • Flip chart paper and markers. • Make a copy of the story and one page lesson summary for each participant

WELCOME (20 minutes):

Welcome everyone.

Give some time for reflection and review. Ask people if they are willing to share about their discussions with their spouse about expectations in marriage. What step did you take to strengthen your marriage and how did it go? People can also share things they remember from last week's session.

SESSION (45minutes):

Story:

Ask the participants to take turns reading the story.

Right after their first anniversary, Hana and Khaled had their first child, but they had not planned to have a baby so soon. They had a little girl named Maryam. After another year, they had another child, a little boy named Amer. Hana quit her job so that she could care for her children. Khaled had to start working extra hours so that he could provide for his growing family. Khaled was coming back home after 9:00 pm. He became even more angry and stressed. He felt that there was so much responsibility on him and felt that Hana should be doing more to support him. Hana was also very tired and stressed. Her kids were very young and required all of her energy and attention. In addition to this, she was trying to take care of the home. She felt like Khaled never showed appreciation for all the work that she did.

Khaled did very little to help care for the children when he was home. Sometimes Hana felt like her children did not really know him. He would sometimes play with them, but whenever there was a problem or the children needed something, he would just sit there and expect Hana to do everything. Hana was so stressed trying to care for the children, cook meals, clean the house, and be a good wife. She was exhausted and Khaled did not even seem to notice.

One evening, Khaled's mom came to the house. Hana had felt sick all day and had not cleaned up from the dinner. She was laying down on the couch with a very bad headache. Khaled's mother saw the house and began to criticize Hana. "How could you leave your house so dirty? Don't you see how hard your husband works for you? You are lazy! You should be more grateful and show your husband you appreciate all he does for you!" Hana was so angry. She was sick, couldn't Khaled help her with things in the home at least once? Didn't her mother-in-law understand that Hana did everything she could to be a good wife to Khaled? Khaled and Hana started to feel distance between each other.

Hana and Khaled separately started to look for things that would make them happy. Khaled spent a lot of his time on his phone or smoking shisha with his friends in the evening. He didn't come home until late. Hana would talk badly about Khaled to her friends. It felt good to complain, but deep inside, they both knew that this was not the way a happy marriage should look like.

Questions for the Story:

Hana

1. What responsibilities did Hana feel in this story?
2. Who was expecting her to fulfil these responsibilities?
3. What could she do to address how she is feeling?
4. How could Khaled help her cope with what she is feeling?
5. What should Hana say to Khaled to express her feelings and needs?

Khaled

1. What responsibilities did Khaled feel in this story?
2. Who was expecting Khaled to fulfil these responsibilities?
3. What could he do to address how he is feeling?
4. How could Hana help him cope with what he is feeling?
5. What should Khaled say to Hana to express his feelings and needs?

Both:

1. Why might Hana and Khaled be afraid to express their needs and feelings to each other?
2. What influence did Khaled's mom have in this situation?
3. Is there something that Khaled and Hana could do differently to address the stress and responsibilities they are facing?
4. Are there responsibilities Hana and Khaled could share, let go of, or change?

Activity and Discussion Questions:

This activity should help the participants to rethink the way they see responsibilities between husband and wife.

1. Start by drawing two columns on a flip chart. In one column, write "men" and in another column write "women." As you ask the following questions, write down the traits, differences and responsibilities expected of men and women in the corresponding column:
    a. Growing up, what were you taught about how a girl should act?
        i. Examples: Girls should behave, girls show emotions, girls should learn how to do household duties, girls should not play sports in the street, etc.

b. Growing up, what were you taught about how a boy should act?

i. Examples: Boys should be strong and not cry, boys are leaders, boys should do well in school, etc.

c. What are some differences between men and women?

i. Examples: Women can have babies, men make decisions, men work outside the home, women do household duties, etc.

2. From a very young age, we receive messages about how we should act, what responsibilities we are expected to fulfill, and how we relate to one another as women and men in our community, family, and marriage. Let's take time to think more critically about where we learn these things.

a. On a flip chart, draw six boxes with the following categories:

Family	School	Peers
Media	Society/Community	Religion

b. For each of the above groups, ask the group:

i. "What did we learn, positive or negative, from our [Families, School, Peers, Media, Society, and Religion] about how to act as a man or woman?"

ii. "What did we learn, positive or negative, from our [Families, School, Peers, Media, Society, and Religion] about our responsibilities as a man or woman?"

c. Fill in the table with as many examples as possible. At the end, ask the group, "Are there are any examples written that you think are wrong or you would like to change? Why or why not?" After some discussion, close this part of the activity saying, "*We have freedom as families to do things differently than we have been taught. Each family has unique needs, and we can create our own approaches to family life*."

3. Divide the group into small groups of 3-4 people.

4. Give each group two pieces of flip chart paper, one for the responsibilities of husbands and one for the responsibilities of wives. On each piece of paper, they should create three columns (See table below for structure and some response examples).

Husband/Wife Responsibility	**Why does the husband/wife have this responsibility?**	**Would sharing or changing this responsibility cause tension? Why or why not?**
Breastfeeding	*Biological Differences*	*It is not possible*
Men work outside the home	*Culture, Family expectations*	*Yes, they might be judged*

Woman should care for children	*Culture, religion, how my family raised me*	*Possibly, family might think it is strange for men to care for children or wrong from a religious standpoint*
Women cook and clean, men do not	*Culture, social expectations, family expectations*	*Possibly, but the couple could do things different*

5. In the first column they should list the responsibilities of husbands in a marriage (and wives on the other paper).
6. In the second column they should write down, why the husband or the wife has this responsibility. For example:
   a. Is it biology (women can have babies, men cannot)?
   b. Is it culture or religion that says a husband or wife should have that responsibility?
   c. Are we copying what we saw our own parents do?
7. In the third column the group should comment on whether or not sharing or changing that responsibility might create tension.
   a. Is there freedom for couples to choose who is responsible for this area? Why or why not?
8. Each group should then present their flip charts to the others and let them discuss the findings together.

In many households, it is traditionally believed that the man is the leader of the household. Even if a husband is in a leadership role that does not mean that he should act like a dictator in his home. Let’s discuss this further:

1. What makes a good leader? Who is a leader you admire and why?
2. In both Islam and Christianity, good leaders are expected to serve, provide, manage, and nourish those they lead. A good leader is one who treats those under their care with equality, justice, and humility, ultimately knowing that good leaders are responsible to God. What do we learn from the examples of good leaders in our faith?
3. How can we apply this in our household? What would good leadership look like in the household?
   a. Examples: A husband listens to and consults with his wife and kids when making decisions. Parents show a loving and caring example to their children.
4. How should a wife relate to her husband, if they agree on him being the leader?
   a. Examples that might come up: She respects and obeys him, she does not speak badly about him. She supports him so that he can fulfill his role.
5. Are there limits to obedience towards the leader/husband?
   a. In some families, women are expected to not argue against their husband´s opinion. In a good family setting every opinion should count and encouraged to be voiced.
   b. Discuss the case of an abusive husband and how a wife might have to take the painful decision of separating from him for the sake of her own wellbeing or the wellbeing of her children.

If not already mentioned, the facilitator can add the following thoughts to the discussion:

- In marriage, both husbands and wives are supposed to show each other love and respect. God created men and women differently, but both men and women have the same value. God created both and loves both.
- In marriage, husbands and wives can complement and support one another by taking on and sharing different responsibilities. As men and women, we have many differences and unique gifts, and these differences are valuable.
- It is important for us to think about why we assume certain responsibilities belong to husbands and wives. Oftentimes we repeat the responsibilities that our parents modeled to us, or what we think the community expects of us. However, as a couple, husbands and wives can decide together how they will share responsibilities in the household, in raising children and with work.
- As a couple, we have to find what works best for our family. Sometimes, life works better when we share responsibilities.
- Responsibilities are not always shared evenly. Sometimes one spouse might need to provide extra support if the other one is tired, sick, or needs a break. This could mean that a husband cooks and cleans the kitchen when his wife is sick, working, or spending time with friends. In the same way, a wife might do something that is traditionally the husband's responsibility, like fix something in the house or pay a bill. Not only do our families sometimes require us to do things differently than what is traditionally expected of us, sometimes as families and individuals we need different things at different times. A beautiful aspect of marriage is being able to make those decisions together.

KEY MESSAGES:

- Culture, religion, and family histories have a significant influence in why we think husbands and wives should have certain responsibilities.
- Husbands and wives can choose to share responsibilities and divide responsibilities in a way that works for their family. It can be different than what others have done or different from what people expect. Families have to find what works best for them, and communicate with each other to discuss this issue openly.
- Husbands and wives are both deserving of love, respect, and the ability to contribute to the strengthening and health of a family.

SOCIAL TIME (15 minutes):

Enjoy a tea, coffee and small snack together. Give people time to reflect on today's lesson and share with each other.

HOMEWORK AND CLOSING (5 minutes):

1. Hand out a paper and a pen to each participant.
2. Have each participant write down the responsibilities they see in their own marriage.
3. Task them to discuss with their spouse marriage responsibilities. They could use the same method you used in the group.
    a. Are there responsibilities that should change?
    b. Are there responsibilities you can share?

6.4. Communicating Love

Notes to Facilitators

Learning Objectives:

- Identify barriers to healthy communication in our marriages.
- Good communication is not just verbal communication. We will explore this through the concept of love languages.
- Identify ways love languages can help us communicate better within our marriages.

Materials Needed:

- Talking ball/flower.
- Flip chart paper and markers.
- Small pieces of paper and pins.
- Printout the Love Languages Assessment (twice if partner is not participant). The link to the test is provided in the Appendix. Print a copy of the assessment for each participant. Find an alternative for the written exam if there are participants who are illiterate.
- 2 plastic cups and string. Create a phone line connecting the two cups with the string.
- Make a copy of the 5 Love Languages flash cards from the *Appendix and cut them into pieces.*
- Make a copy of the story and one page lesson summary for each participant.

WELCOME (20 minutes):

Welcome everyone.

Give people a chance to share their experiences from the homework and reflect on the last session:

- Did they talk about roles and responsibilities with their spouse?
- Did they start sharing or changing any roles or responsibilities? What was the result?

Welcome Activity:

Today is about communicating love: Start a "phone line" near the group created with two cups and a string. Ask for two volunteers. Illustrate different problems in communication using the following illustrations:
In every conversation there are three parts: a speaker, a message, and a listener. Breakdowns in communication can happen in all three of these parts. Here are a few examples:

1. Tell the two volunteers to have one of them hold the cup to their ear, but have the other person hold the cup to their mouth, but not say anything.
    a. Ask: What is the problem with this communication?
    b. Communication requires that we speak up. We can't expect people to just know what we are thinking without saying it. We cannot read people's minds. Sometimes we expect someone to understand us, without actually saying anything.

2. Tell the two volunteers to have one person speak clearly into the cup, while the other person holds it to their ear.
    a. Ask: What is good about this communication?
    b. In good communication, a speaker clearly communicates a message that is received by an active listener. This allows for understanding, and the speaker gets to communicate their message, and the listener receives it and understands it.
3. Tell the two volunteers to have one person speak clearly into the cup, but the other person does not hold it to their ear.
    a. Ask: What is wrong in this situation?
    b. Sometimes, communication fails because one person is not willing to listen.
4. Tell the two volunteers to have one person speak very loudly into the cup, and the other person should put it up to their ear to listen, but then quickly remove it.
    a. Ask: What went wrong in this communication?
    b. Other times, the way the message is delivered makes it hard for someone to listen and understand. Our tone matters. How we communicate the message, influences how it is received.
5. Tell the two volunteers to demonstrate positive speaking and listening. They should speak calmly and clearly. They should show active listening skills, like nodding, eye contact, and verbal affirmations. While they do this, the facilitator makes lots of distractions and try to talk to both the volunteers as they try to communicate.
    a. Ask: What challenges did the two volunteers have in this situation?
    b. Sometimes, distractions or interruptions can have a negative influence on our communication.
6. Tell one of the volunteers to speak nonsense into the cup, and the listener cannot understand.
    a. Ask: What is the problem here?
    b. Sometimes, we communicate in a way that the other person does not understand. This makes finding a common understanding impossible.

Most conflicts happens because of the lack of listening. If we do not listen well, we could receive a wrong message. If we want to listen well, we have to be aware of the language that our spouse is speaking. Similarly, conflicts also frequently happen because we do not speak what is on our heart and mind. We expect the other person to read our minds or just know what we want. This leads us to feel disappointed because our needs are not being met, and the other person often feel frustrated because they do not know why we are disappointed. We have to communicate clearly what we are feeling.

SESSION (45 minutes):
Ask the participants to take turns reading the story.

Story:
Khaled and Hana sometimes felt like they were speaking different languages to each other. Khaled tried to say nice things to Hana. He would complement her, but Hana did not seem to care. Khaled started feeling worse because he was trying to make things better, but she didn't respond. But the truth was that Hana felt like Khaled's words were cheap. What good were his words if he did not spend time with her? He would come home, try to say nice compliments, but he was still not spending time with her or show appreciation for all the ways she tried to show him support. Hana tried to find ways to relieve Khaled's stress

because she didn't want for their relationship to continue like this. So she cleaned the house even more, she tried to put the kids to bed early, and she cooked his favorite meals. Khaled never acknowledged these acts. This hurt Hana's feelings a lot. Hana and Khaled both felt hurt and frustrated, but they did not know how to communicate with one another. Hana and Khaled continued to have problems in their marriage. They both felt misunderstood, frustrated and sad. Khaled felt like he was working very hard to provide for their family, and that he wanted these efforts to be recognized and valued. He wanted Hana to tell him that she appreciated his hard work. He wanted Hana to talk to him like when they first got married, he liked when she would tell him the things that she liked about him. Instead, he felt like Hana resented him for working so hard. Hana felt completely alone, even when Khaled was in the same room. Their children sensed their parents stress and cried often. One night, Khaled came home from work and found Hana crying. He felt sad knowing that he was the source of her pain.

Khaled told Hana that he knew that they had problems in their marriage, and that he wanted to make things better, but he did not know how. Hana was so relieved to hear Khaled acknowledge this. She told him that she felt the same way, she wanted things to be different, but she felt so alone. Khaled and Hana talked together about how they could improve things, but they could not think of many ideas. Khaled mentioned that one of his friends from childhood seemed to have a very happy marriage. He saw how his friend Yezin and his friend's wife Lilian interacted and they seemed so happy together. Khaled suggested that they could talk to them, so that they can learn from them. Khaled wanted to have a relationship like Yezin and Lilian.

Khaled and Hana arranged a time to meet with Yezin and Lilian. They explained to them that they were having problems in their marriage and looking for ways to make things better. Yezin and Lilian were very encouraging. They told Khaled and Hana that many couples face problems, but – and this was their main message—they have the ability to change things. Khaled and Hana didn't have to stay unhappy.

Yezin and Lilian encouraged Khaled and Hana to take time to learn how to better communicate. They explained that we give and receive love in different ways, and we respond in different ways when we feel our needs are not met. Yezin and Lilian offered to keep meeting with Khaled and Hana once a week, so they could help them work through some of the issues they were facing. Hana and Khaled were relieved. When they went home, they both felt hopeful. It would take some work, but they committed to be open in communication with each other, and try to learn how they can give love and support to each other in better ways.

<u>Questions for the story:</u>

1. Why do you think Khaled did not acknowledge Hana's actions?
2. Why do you think Hana did not feel valued by Khaled, even though he said nice things?
3. What do you think is missing between Khaled and Hana?
4. What do you think are the main reasons for the conflict in Khaled and Hana's marriage?

<u>Session</u>

If I started to speak to you all in German, would any of you understand me? Probably not. The words I am saying would stay the same, but you would not understand it. Would that be useful? No. It is similar with love. Sometimes we express and receive love in different ways. We are going to start by exploring the concept of love languages.[1] Showing love is

[1] The 5 Love Languages and content in this lesson are based on the materials and book published by Chapman,

more than just getting your verbal communication right. After years of research, a marriage/family therapist concluded that there are five emotional love languages. In other words, there are five primary ways that people show and understand emotional love. While most of us appreciate all five love languages, we usually have 1-2 languages that we relate to most. This means that there are certain ways we prefer to show and receive love. To explore the concept of the 5 Love Languages, we will start with a short activity to explore how participants express love within their marriage.

Activity:

1. Divide the group into pairs (together as couples, or just pair up with any group member). Give the group sticky notes or small pieces of paper and pens.
2. In pairs, write down as many examples as possible of how to express love to your spouse. Put only one example on each piece of paper.
3. Next, write down specific examples of things your spouse could do that would make you feel loved. Put only one example on each piece of paper.
4. Using the pictures in *Appendix, Love Languages Flash Cards*, put each picture on floor, and explain each of the love languages using the picture (see text below "Introducing the 5 Languages of Love).
5. After describing each of the love languages, ask each pair to try to put the examples they discussed in the group under the love language they think best describes the expressions of love they discussed.
6. Select some of the expressions of love and ask why the pair put their paper under that love language. Give other participants the chance to give feedback. Discuss 5-10 of the expressions of love, as time allows.

Introducing the 5 Languages of Love (*to use for Activity*):

1. **Words of Affirmation:** Expressing affection through spoken affection, praise, or appreciation. It is important to speak words that affirm the heart and motivation of your spouse. For those who have this as their love language, they appreciate hearing verbal expressions of love and appreciation. They value compliments and verbal recognition and appreciation of their efforts.
2. **Acts of Service:** Actions, rather than words, are used to show and receive love. They want the acts they do to be recognized. This person appreciates being helped and supported. People in this category do not respond well to broken promises or perceived laziness.
3. **Receiving Gifts**: Gifting is symbolic of love and affection. It does not mean you are materialistic, but that you greatly appreciate a thoughtful gift.
4. **Quality Time**: Expressing affection with undivided, undistracted attention. Words are not what it is important, but action. It can be hurtful to these people when the other person is distracted, postpones or fails to be present.
5. **Physical Touch**: With this love language, the speaker feels affection through appropriate physical touch. This is not just sexual physical touch, but showing affection through every day physical connections like handholding, kissing, and affirming physical contact. (We encourage the facilitator, if he feels it is appropriate, to have a group discussion around the topic of what is a healthy physical relationship and what not in a marriage. He could split the group into men and women. Have them write down their

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Gary D. The ***Five Love Languages***: How to Express Heartfelt Commitment to Your Mate. Chicago: Northfield Pub, 1995. All of the content and additional materials are available at www.5lovelanguages.com thoughts on a piece of paper and then give the paper to other group to add comments before giving it back again and have the groups reflect on the comments of the other gender group).

Every person has at least one or two main love languages. So we have to give effort to know what our partner's language is and start using it. This allows us to give our love in a way that communicates to their heart, and receive love in way that communicates to our hearts. Usually we show love to others using our preferred love language. This is why it is helpful to learn your spouse's language. In the story you saw that Hana showed love with acts of services, but Khaled did see this as an expression of love.
Give each person time to take the love languages test from the *Appendix.* Each participant should receive a copy. You may need to explain some of the test questions and give examples to help participants understand what the question is asking.

DISCUSSION QUESTIONS (15 minutes):

- Communication is the source of many conflicts in our marriage. How can improve communication in our marriage?
- Who can relate to the love languages lists? Is there one you relate to most? Describe examples of each love language. If not mentioned, please add that only two out of the five love languages uses words. So, there are many non-verbal ways of showing and receiving love.
- Discuss the following question in pairs: Think about your spouse, do you have any ideas on their love language? Is it different than yours?
- How can we express love to our spouse? How might we apply these love languages in our relationships with them?

KEY MESSAGES:

- Communication is a key part of a healthy family. The foundation of our home is healthy and strong relationships that are built through healthy communication.
- Love languages can be a way for us to better understand how to show our spouse love in a way that communicate to their hearts. Each of us desires to express and receive love. Sometimes, we prefer to receive and express our love through one primary love language.

SOCIAL TIME (15 minutes):

Enjoy a tea, coffee and small snack together. Ask the participants share with each other what they think their love languages are.

HOMEWORK AND CLOSING (5 minutes):

Discuss with your partner the love languages. Try to identify each other's love language and find a way this week to show love to your partner using their language.

6.5. Influential Relationships and Forgiveness

Notes to Facilitators
Learning Objectives: • Identify all the relationships that influence a couple's marriage and discuss the positive and negative impacts these relationships have on families. • Think together about the power of forgiveness and its importance in our marriages. **Materials Needed:** • Flip chart paper and markers.

WELCOME (20 minutes):

Welcome everyone.

Give people a chance to share their experiences from the homework and reflect on the last session. How did they use love languages this past week? Could they identify each other's love languages? How did their spouse respond to being loved in their language?

SESSION (45 minutes)

Story:

Ask the participants to take turns reading the story.

Khaled and Hana started to take steps to improve their communication. At first, they noticed improvements. They communicated better and expressed their needs. Khaled made an effort to leave work on time and spend time with Hana and the children before going to sleep, but there were financial consequences of this. Hana was so grateful to have this time with Khaled, and she told him that she would look for ways to save money. They discussed together ways they could manage their finances if Khaled worked less hours. Hana found ways to express her appreciation for Khaled in words. She told him that she was grateful for how hard he worked and complimented him. When Hana said these kind words, Khaled felt appreciated and strong as words of affirmation were his love language. Khaled also started spending more time with Hana. He would put his phone away and really focus his time with her. This cheered her up a lot. They continued to meet with Yezin and Lilian and learned more ways to strengthen their marriage.

But Khaled's dad would criticize Khaled for the way he was acting. He did not like that Khaled was working less and worried that Khaled would miss out on promotions at work if he was giving up hours to spend time with his family. Khaled's dad complained to Khaled and said Hana was being selfish. Khaled's dad said that he was giving Hana too much power. This was not how a husband should respond to his wife. "You need to make it clear who is the head of the house," he advised, "sometimes women need to be reminded that you are the one in charge." As he said this, he made motions with his hands to imply that Khaled should beat Hana to teach her that he is in charge. Khaled was surprised by this, he had never thought of hitting Hana, and didn't like that his father was suggesting this. But he wondered if there was some truth to what his father was saying. Did his friends think the same thing? Khaled felt some embarrassment that people thought he was being weak.

Hana told her sisters about how happy she was that she felt her relationship with Khaled was improving. She told them some of the ways that Khaled was helping her around the house and how she was finding ways to support him. Her sisters laughed at her. They said it was silly for wives to make these demands. They told Hana, "if you demand too much of your husband, he will just go find another woman to give him what he needs, without so many demands." Hana felt discouraged. Was this true? She was happy with the improvements in her relationship and wanted to keep working on it, but would this drive Khaled away?

Khaled and Hana both felt confused. They also started to find it hard to find time to work on their relationship. The kids required a lot of attention. It seems like all Khaled and Hana did was care for the kids or talk about the kids. By the time they put the kids to bed, all they wanted to do was sleep. Hana would be up most of the night with the baby, and wanted as much sleep as she could get. Khaled felt stressed and like he had no time to himself.

One day Khaled came home from work and the kids were screaming. They were tired and cranky, and he had a long day at work. Hana was trying to cook dinner and asked if he could try to play with the kids while she finished dinner. Khaled became angry, he had just had a long day at work, he just wanted to sit down for a few minutes. Khaled yelled at his kids. He didn't like the harsh words that came out of his mouth. Hana was surprised by Khaled's words, but she came in and grabbed the children. She told them, "shame on you, you have upset your father." She knew the kids were just tired, but she didn't want to cause more problems.

Questions for the Story:

1. What problems do you see in Hana and Khaled's relationship in this story?
2. What are some of the positive steps that Hana and Khaled have taken in their marriage?
3. How are some of Khaled and Hana's relationships with others causing problems their marriage?
4. How should Hana and Khaled respond to the people that are having a negative influence on their marriage?
5. How would you advise Hana and Khaled?

Session:

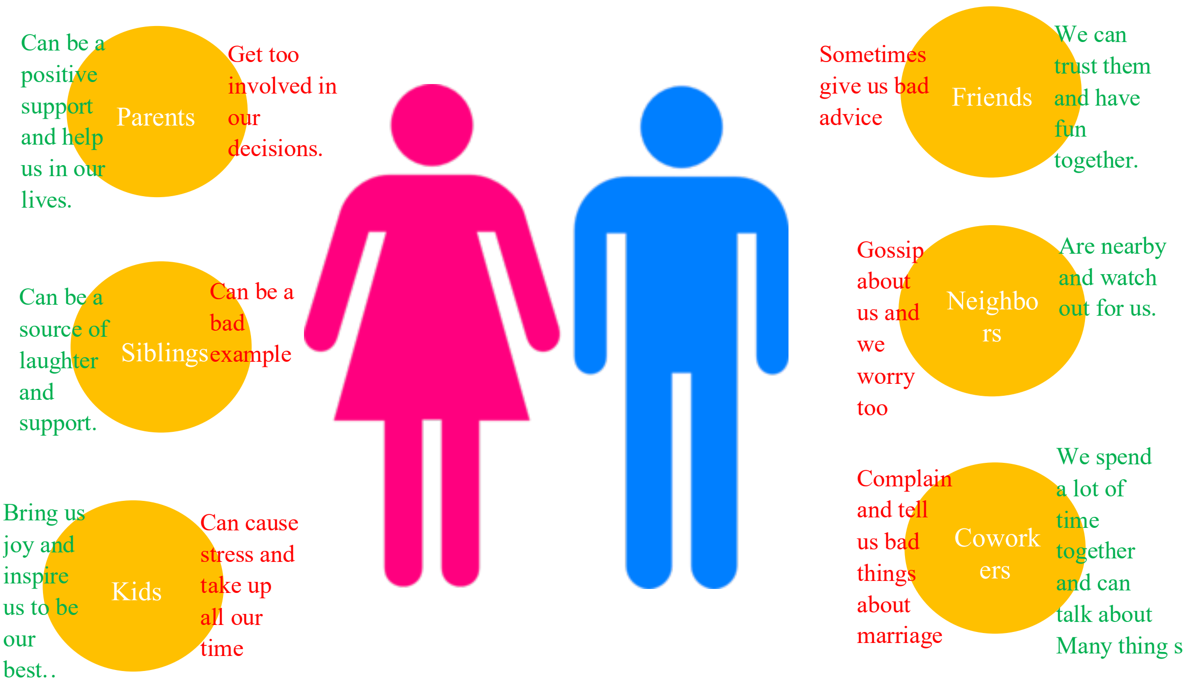
Marriage takes a lot of hard work, and sometimes our other relationships with family, kids, friends, etc. add stress to our relationship and have negative influences on our relationship. Other times, these relationships have a positive influence on our relationship. The point is, no couple is ever on their own, they always have relationships that influence their marriage.

Activity:

1. Give each participant a flip chart paper.
2. Have each person draw a couple at the center of their paper (see example of picture below).
3. Around the couple, draw all the different relationships a couple has in the community.

a. Examples: Friends, neighbors, father, mother, mother-in-law, in-laws, children, coworkers, etc.

4. For each relationship, write down positive ways in one color and negative ways in another color that this person or group of people can influence a couple's marriage.
5. When each person is finished, put the pictures on the wall and have the group walk around and look at everyone's papers.
6. Participants can add positive/negative influences to other people's papers.
7. After everyone is done, come back together as a group.



It is important to recognize that there are positive and negative influences on our marriages. We need to identify both, and find ways to strengthen relationships with positive influences, and set healthy boundaries to protect us from relationships that negatively influence our marriages.

Sometimes there are people who have really hurt us in our relationship. Or sometimes in our marriage, we just follow the example of what we saw in our parents' relationship, even if they did not set an example of a healthy marriage, the problem often being that we don't know any other way of doing things than what we have seen from our parents. If there is hurt, it is better to acknowledge the hurt that we have caused to our spouse or others have caused to us. We then should work towards the goal of asking for or extending forgiveness.

DISCUSSION QUESTIONS (15 minutes):

1. Ask the group to share reflections for the activity on relationships that influence our marriage.
   a. What were some of the similarities among the group?
   b. What are some of the positive influences you are most grateful for?
   c. What are some of the negative influences that are challenging?
2. Divide into small groups. Have each group identify three negative influences from external relationships, and focus on how couples could protect themselves from these negative influences by establishing healthy boundaries. Have the groups share their findings.

3. Why is it important to talk about how someone has hurt us, instead of just pretending something never happened?
4. What is forgiveness?
5. Why is forgiveness important in a marriage?
6. (Self-reflection) Who are the people I need to forgive for things that made my marriage difficult? Who are the people I need to ask for forgiveness? What are the obstacles?

Note to the facilitator: If the following ideas/topics about forgiveness have not been discussed, please add them to the discussion:

- Forgiveness is giving up my right to hurt someone for hurting me.
- It is releasing the negative thoughts we have about a person and what they did.
- Forgiveness is a courageous and conscious decision to give up our feelings of anger, resentment, and desire for revenge towards a person who has hurt us. This often requires us to acknowledge our pain and express our emotions in non-hurtful ways.
- Forgiveness is not the same as forgetting. Forgiveness does not mean we pretend that the bad thing never happened. It means we are choosing to forgive them, even if we never forget what happened.
- When we are the one needing forgiveness from someone else, it is important for us to acknowledge what we have done wrong and say that we are sorry for what we did. Sometimes, we have to accept that there are consequences of our wrongdoing, and it can take time for people to heal and be reconciled.
- Sometimes forgiveness requires us to face our pain and not ignore the problem. This is hard.
- Sometimes, forgiveness doesn't mean we will rebuild the broken relationship. That is not always possible. There are some relationships that cannot be restored, even after we have forgiven.
- Forgiveness is not weakness. Does God forgive us? Is God weak for forgiving us? No. Forgiveness is an act of strength and courage.
- Even if we choose to forgive, sometimes there will still be consequences. Forgiveness doesn't mean to allow wrong things just to continue. For example, if a woman is hit by her husband, she can still extend forgiveness, while also moving back with her parents to be safe. Wrong actions bring consequences, and forgiveness does not mean we erase those consequences.

KEY MESSAGES:

- As a couple, there are many relationships that can have a significant influence on our marriages in positive and negative ways. It is important to find ways to strengthen our marriage as a couple, and not let negative influences hurt our marriage.
- When there are negative influences, we should find ways to establish healthy boundaries. When there are positive influences, we should invest more in those relationships and support each other.
- Forgiveness is a courageous and powerful act that releases us to live in freedom. Forgiveness does not mean erasing wrongdoings, there are often still consequences.

SOCIAL TIME (15 minutes):

Enjoy a tea, coffee and small snack together. Give people time to reflect on today's lesson and share with each other.

HOMEWORK AND CLOSING (5 minutes):

- Share something new you learned today and/or something you want to change/apply from the lesson?
- Identify as a couple ways in which outside influences have a negative impact on your marriage. How might you take steps as a couple to protect your marriage from these negative outside influences?
- Identify with your spouse relationships that have a positive influence in your marriage and family. How might you take steps to strengthen those relationships?
- Children often change marriage relationships. Discuss with your spouse ways you can continue to be good parents to your children, but also make sure you get time as a couple to build your relationship?

If you thought of someone that you need to forgive, take time to think about that this week, and if possible, try to extend forgiveness to that person. If you are the person that needs to be forgiven for a wrongdoing, try apologizing to that person and asking for forgiveness. Be willing to accept there may still be consequences.

6.6. Faithfulness in Marriage

Notes to Facilitators

Learning Objectives:

- Understand the importance of faithfulness in marriage and why we should be faithful
- Identify ways we can protect our marriage from the things that will tempt us to be unfaithful.
- Identify positive steps we can take to strengthen our relationship with our spouse.

Materials Needed:

- Talking flower/ball
- Flip chart paper and markers.
- Make a copy of the story and one page lesson summary for each participant
- A4 Paper and pens for each participant
- Small pieces of paper, enough for 4 per participant. Tape

WELCOME (20 minutes):

Welcome everyone.

Take time for reflections on last week's lesson and discuss the homework. Last week we talked about how other relationships influence our marriages. What steps did you identify to protect your relationship from harmful influences? What steps did you identify to strengthen positive influences? What steps did you identify to find ways to spend time with your spouse? Did you seek forgiveness from anyone? What did you do and how was it received?

SESSION (45 minutes):

Ask the participants to take turns reading the story.

Story:

One day Khaled started talking to his friend Sara at work. He complained to Sara about his life at home and how hard it was. He told her that she should not get married or have kids. Sara was sympathetic towards Khaled. She said many flattering things. Sara was younger and also very beautiful, and all the men in the office were envious that she was showing Khaled so much attention. Khaled started to exchange text messages with Sara, and he always felt supported by Sara. It felt good to have such an easy conversation with someone and just have fun. He knew it would hurt Hana if she found at that he was talking to Sara, but he needed someone who understood him. He enjoyed his conversations with Sara and liked being able to forget about his responsibilities at home. It felt good to have the attention.

Khaled's friends started to see how Sara treated him and would encourage him to keep talking to Sara. "You are lucky to have her attention. She has eyes only for you," they would say. They would say that it was normal for married men to talk to other women, being a husband and father was very demanding. Men needed relationships that did not come with so much stress.

Despite his friends' encouraging him, Khaled knew that he should not be talking to Sara; that is wasn't fair to Hana, but he was afraid she would hate him for this. Hana suspected something was going on with Khaled. He was spending a lot of time on his phone again and smiling. Hana was upset with Khaled, so she started to just refuse to talk to him and treated him coldly. He would ask her what was wrong, but she would refuse to answer. She tried to indirectly express her feelings by ignoring him, slamming doors, and rolling her eyes at him, but it just seemed to make him pay more attention to his phone. One day she said to him, "Maybe I will just go back to my parents' house. My life was better there." She didn't really mean it, and Khaled looked surprised when she said it. At least she got his attention, she thought to herself. It didn't' really change anything. They had been making so much progress, but it seemed like life only brought them more challenges.

Khaled decided to go with Hana to see their friends Yezin and Lilian and seek advice. Hana shared her frustration with Khaled withdrawing from her, and Khaled during the conversation eventually opened up sharing that much of his marriage issues he is discussing with a female work colleague and finding comfort and excitement in it. Yezin and Lilian talked about how important it was to be faithful to each other in marriage. That when we look to other people or other things to fulfill needs that should only be met by our spouse, that it can cause damage to our relationships. We want to protect our marriages, and learn how to communicate, even in hard conversations. They told Khaled that connecting emotionally so deep with another female is wrong and bad for their marriage. Lilian also told Hana that she needed to be direct in expressing her feelings to Khaled. Lilian and Yezin encouraged Hana and Khaled to talk openly with each other, and try to work together to find possible solutions to their problems. Maybe the problems seemed big, but they could try to take small steps every day. "You can't solve problems overnight," they encouraged them. Hana and Khaled agreed to continue to try to take small steps to build a healthier marriage and Yezin and Lilian promised them ongoing support.

Questions for the Story:

1. What could Khaled have done differently in this story?
2. What could Hana have done differently in this story?
3. If you were Khaled's friend, how would you advise him?
4. If you were Hana's friend, how would you advise her?
5. What are some small steps you would like to see Hana and Khaled take together?

Session:

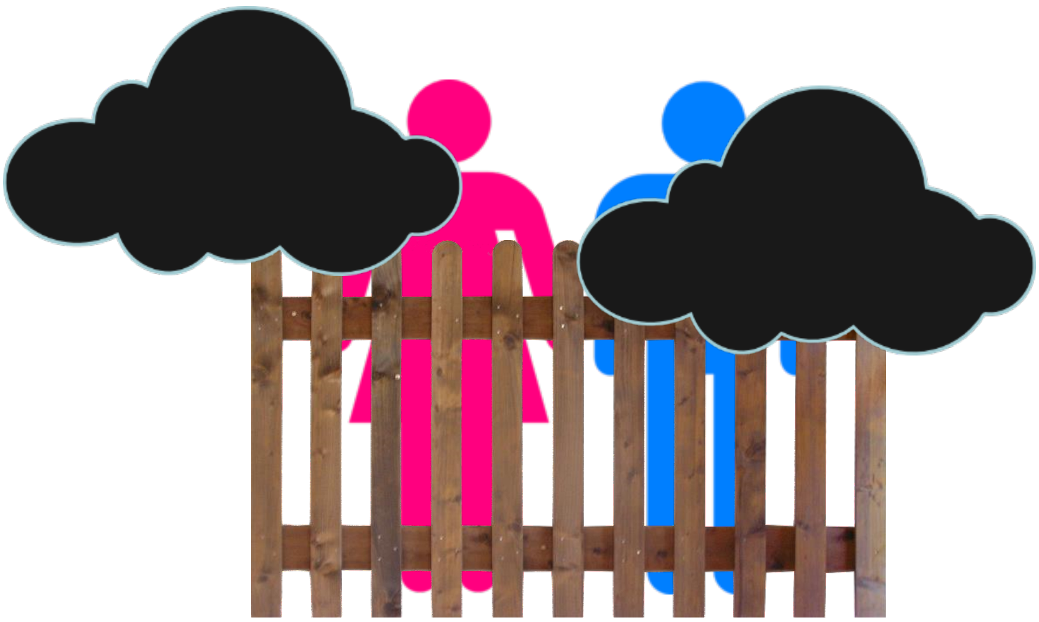
Marriage is a commitment between two people to love each other forever. That means that you will not do anything that harms the other person and remain committed to the relationship physically, emotionally, and mentally. Over the course of our relationship, we will face many challenges, temptations, and opportunities. No one likes his or her spouse to have a relationship with another person. Like we discussed in the first session, marriage is a unique relationship. Marriage is also a sacred commitment we make before God. We are going to do a series of activities and discussions to explore this topic further.

This means not having sex with anyone else, but it also means keeping your heart, mind and body faithful to your partner. Sometimes we develop relationships with other people and form emotional connections that start to take us away from our spouse. Marriage can be hard work, and it is easy to go find some other relationship, even just through text, that makes us feel good but does not have all the hard aspects of marriage. Faithfulness means not looking for emotional or physical intimacy with another partner. In a healthy, loving marriage, spouses respect and want to honor each other in everything, not causing hurt or harm to the other person.

There are times when one spouse will be unwilling to work through issues or is being unfaithful. That is not the fault of the other partner, and that partner should not feel obligated to stay in a harmful situation. Commitment and faithfulness require both sides to be committed and faithful. When one is unfaithful, then that commitment is broken. While there is hope for restoration, both partners need to be willing to receive help and support to overcome those issues and treat each other with love.

Activity:

Draw a husband and wife on a piece of flipchart paper and place it on the floor. In the sky, draw dark clouds. In front of the couple, draw a small fence.



1. Give each participant four small pieces of paper.
2. Have each participant take 2 of their four pieces of paper. On each of the two pieces of paper, every participant should write a different temptation that husbands and wives face in the marriage that could lead to unfaithfulness. The facilitator should add two topics, if not raised by the group: 1) Pornography; and 2) Flirting with someone that is not your spouse over text.
3. On the other two pieces of paper, every participant should write down two ways that a married couple could protect their relationship from the consequences of the temptations they mentioned before. The facilitator should add two topics, if not raised by the group: 1) Set aside time once per week to do something you enjoy together; 2) Communicate openly and regularly.

4. Go around the circle and have each person explain the temptations they wrote. When they are finished explaining, they should tape the piece of paper near the dark rain clouds.
5. Go around the circle again and have each person explain the protection that they wrote. When they are finished explaining, they should tape the piece of paper on or near the fence.
6. Give people time to reflect and look at the different responses.

DISCUSSION QUESTIONS (15 minutes):

1. How would you define faithfulness in marriage?
2. What commitments do we make when get married?
3. How does pornography hurt a marriage?
4. What does a loving and faithful marriage look like? What evidence do you see in the couple's life and relationship?
5. What are ways we can keep our marriages strong and faithful?

KEY MESSAGES:

- Faithfulness is committing to love our partner and be faithful in all areas of life—emotionally, physically, and mentally.
- We will face many temptations in our marriages. As a couple, we need to be active in protecting our marriage from these temptations and finding was to cultivate love.
- We need to communicate openly with our spouse. We want to build love and friendship in marriage, which helps us to stay faithful. Just like we want to protect ourselves from temptations, we also want to build friendship and love through positive communication, showing love, and spending time together.

SOCIAL TIME (15 minutes):

Enjoy a tea, coffee and small snack together. Give people time to reflect on today's lesson and share with each other.

HOMEWORK AND CLOSING (5 minutes):

Discuss with your spouse some of the temptations or threats to your marriage. Discuss how you can strengthen and build love in your marriages. Find ways to show love and care to your spouse this week!

7. Parenting relationship

7.1. Building trust between you and your child

Notes to Facilitators

Learning Objectives:
- Understanding the trust cycle and how to respond when the trust cycle is broken.
- Identify the difference between wants and needs, and understand why this differentiation is important.
- Understand the importance of setting loving limits/boundaries.

Materials Needed:
- A4 paper and pens for each parent.
- Hand out the journal.
- 1 plastic flower/ball for the "talking flower/ball"

Special Preparation:
- Nothing

WELCOME (15 minutes)
Welcome everyone.

Ice Breaker:
Play a fun group game together (see appendix **Error! Reference source not found.**).

Introduction to the parenting course (10 Minutes):

Hand out the journal to the parents. Explain that the journal is for them to take notes, to write down their thoughts and do some exercises.

Explain the purpose of the parenting sessions. There are 5 sessions that focus on topics around parenting. Each session builds on the last session, so it is important to attend each session. The topics in the sessions are suitable for children of any age, but it needs to be stressed, that parents have to carefully think of what applications are suitable for their child (Example: Telling your child to brush his teeth is appropriate at a certain age, but patronizing at another age).

SESSION (30 minutes):
Start with a brief discussion of the following questions: *When should we start building a strong foundation with our child?*

Building trust and creating a bond with your child can start even in the womb, before the baby is born. The facilitator can share some of the following facts about a child's development in the womb:

- At 8 weeks pregnant, a baby can feel through touch.
- Babies in the womb shares hormones with the mother and can receive those emotions. In the womb, a baby can experience sadness, joy, stress, and other emotions.

- A child starts learning and experiencing in the womb, not through logic or the brain, but through the emotions felt in the womb. These emotions experienced in the womb are the foundation for all future learning and development.
- At 14 weeks pregnant, the baby can taste.
- At 18 weeks pregnant, a baby can hear sounds outside the womb, including voices, music, and other noises.
- Talking to the baby in the womb and thinking positive thoughts can help to form a bond. Because the hormones pass between the mother and baby, a mother's anxiety, anger, happiness and peace, can all be shared with the child.
- Immediately after the delivery, a baby continues to build bonds with the mother and at the beginning to a lesser degree with the father. Breastfeeding is an important part of continuing to build that bond.
- Smiling at your baby and speaking in calm, loving tones can be a positive way of interacting with your child on their first day outside of the womb.
- Explain things to your child using words, even if a child cannot talk themselves. This is an important way of building a bond and helping them develop language. For example, if you notice your child is afraid, explain in words saying, "It seems you feel afraid of other people. You can stay with mommy if you want." Explain what you are doing and affirm what they are feeling.

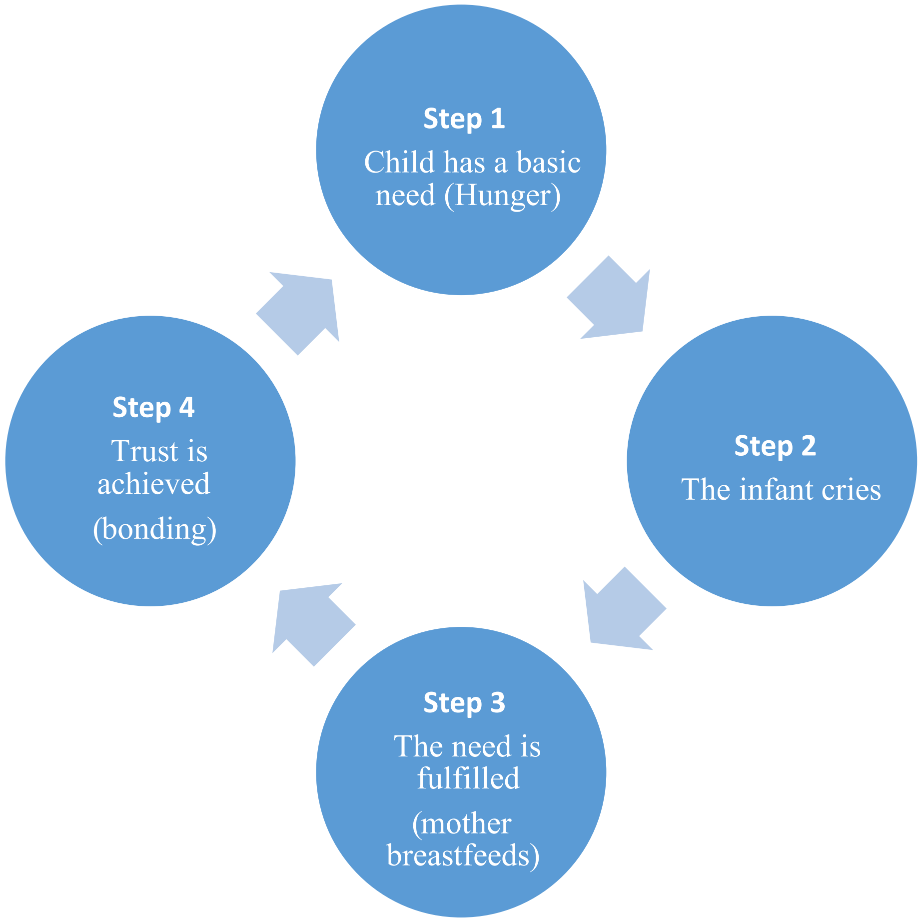
<u>Discuss:</u>

1. *How can we start to build a relationship with our child from Day 1?*
2. *What are the needs of an infant?*
    - Add these ideas if not mentioned by the group: Hunger, cold, boredom, loneliness, dirty diapers, pain, discomfort, security.
3. *What does an infant do if their basic needs are unmet?*
    - Cries, and can ultimately die if no one cares for its needs.

Introduce the Trust Cycle[2]

Understanding the trust cycle—and the two possible outcomes of this cycle—can help us better understand how to build trust with our children. Look with the group at the trust cycle below. The trust cycle shows how trust is being developed: 1) The child has a need (hunger), 2) The child expresses the need through crying, 3) The mother meets the need through breast feeding, 4) Bonding, as the child trust the mother to satisfies its needs. Trust is established, and the child is happy to express a need to his parent in the future.

[2] Adapted from *Love and Logic Magic for Early Childhood: Practical Parenting from Birth to Six Years* by Jim Fay and Charles Fay.



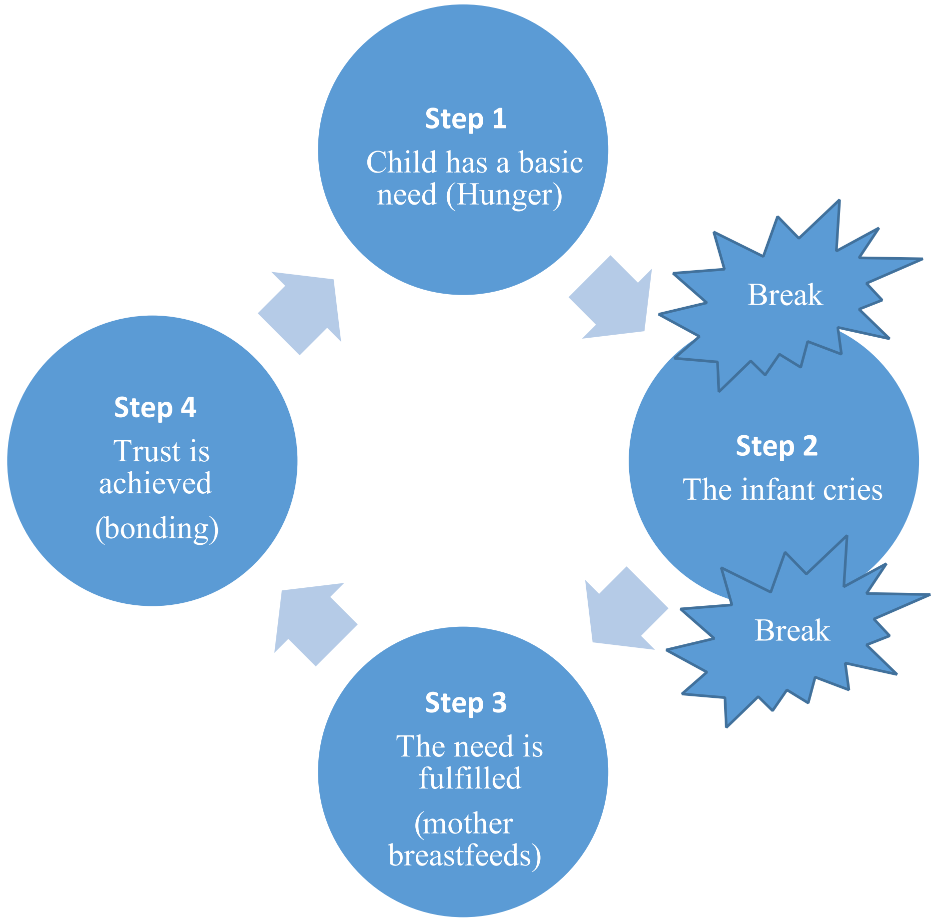
At this point it is important to emphasize the difference between wants and needs. Ask the group: What are a child's needs, what are a child's wants? As good parents, we set limits on wants because boundaries, when appropriate, are a way of showing love: We keep our children safe and secure, and we prepare our children for the world. Ask the group: At what age do we start setting boundaries? Answer: Many parents believe that little children are too young to understand boundaries. But this is a wrong believe: The first three years are the most important years for a child to learn that there are boundaries. If the child does not learn from an early age, it is difficult for them to deal with boundaries, later on in life.

Diskussion time (15 minutes):

1. *Think as a group about a need of an older child. What happens when the need of a child is fulfilled? How does that impact the relationship between a parent and a child?*
2. Pass out a sheet of paper and ask participants to create their own trust cycle. Ask them to think of the following:
   - A need their child has
   - How their child expresses that need (crying, bad behavior, asking, etc.) How do they fulfill that need?
   - How does their child respond?
3. Have the parents share their trust cycles with the rest of the group.

Breaks in the Trust Cycle

The trust cycle can be broken if the child is not able to communicate its need (break between step 1 and step 2 in the cycle) or nobody meets the need (break between step 2 and step 3 in the cycle). In both cases trust between the parent and the child is not established.



Discussion time (15 minutes):

1. *In many of our families, there are breaks in the trust cycle. There are many different reasons for the breaks in the trust cycle. What are some possible ways the trust cycle could be broken?*

If not mentioned, share the following ideas that are not identified by the group, and discuss briefly with the group through asking questions:

- Abuse and neglect
- Sexual violence
- Busyness (not having time for your child)
- Ignoring your child, especially when they want to talk with you
- Not talking with your child
- Harsh words
- Child experiences the death or separation of a family member Illness

Sometimes the trust cycle is broken by things that are outside of our control. Other times we cause breaks in the trust cycle. The good news is that we can work to restore broken trust, and build a new, healthy foundation.

2. *What are some of the consequences of breaks in the trust cycle?*

If not mentioned, share the following ideas that are not identified by the group, and discuss briefly with the group through asking questions:

- Excessive anger and rage
- Destructive behavior
- Lying

- Hurting others (animals, friends, family)
- Child unable to resolve problems
- Child forms self-protective barriers

We will always have times when we break this trust cycle, because we do make mistakes as parents. But we want to avoid that these breaks continue and the consequences become more severe.

3. *How can we help rebuild trust with our children when it is broken?*

If not mentioned, share the following ideas that are not identified by the group, and discuss briefly with the group through asking questions:

- Ask for forgiveness if you were wrong or when you caused pain. It is very important for a child to learn from their parent, how to ask for forgiveness when one is wrong.
- Consistently meet needs, while also setting healthy limits on our children's wants.
- Listen well to the emotions of the child. Seek the heart of the child. (*How do you feel about this? What would have helped you not feel so bad now?*)
- Express empathy (For example, "I'm really sorry you feel sad right now," "this must be hard for you.")
- Never belittle the problems of a child (Don't say, "This is not a big problem," instead, affirm what the child is feeling, "this must be painful.")

KEY MESSAGES:

- By meeting our children's needs in healthy ways, we can create trust and help our children feel secure, knowing that they are loved and cared for.
- We should distinguish between wants and needs. We consistently meet needs, but set limits to avoid always fulfilling our children's "wants."

SOCIAL TIME (20 minutes)

Share tea and coffee together.

The parents can share with each other, some of their own needs and wants. Perhaps discuss a time when you experienced people setting loving limits.

Homework and closing (5 minutes):

- Ask the parents to write down the trust cycle in their journal. Have them observe the trust cycle in action in the coming week and filling in multiple examples next to each circle.
- Spend time with your child and show interest in the things he/she loves and enjoys the most.

7.2. How to show love to your child

WELCOME (15 minutes)

Welcome everyone.

Ice Breaker:

Play a fun group game together (see appendix **Error! Reference source not found.**).

Have every parent share briefly about their past week and any reflections on the homework. Were you able to identify the trust cycle in action? How did your children respond? What things did you notice your children taking an interest in? How did you show your interest in those things?

Maybe you have also seen breaks in the trust cycle. Therefore, before the start of the session, I want to share a few words about self-forgiveness. Sometimes when we talk about parenting, we can feel bad about ourselves. Here are a few reminders:

- We will make mistakes. The important thing is to admit when we make mistakes and ask for forgiveness from God and our children.
- If we recognize our mistakes and we feel bad, it means that we love our children and want the best for them.

We are all imperfect parents, and being imperfect you can still raise wonderful, strong, and healthy kids. Be brave enough to look at your own mistakes.

SESSION (45 minutes):

In the first session we learned how to build trust with our children. But there is more to building a good relationship with our children than trust. We will look into this today.

1. Why does building good relationships with our children lay a healthy foundation for the future for themselves and for their families?

   Give the parents the opportunity to share as many ideas as possible. Share the following ideas that are not identified by the group, and discuss briefly with the group through asking questions:

   - They develop a strong bond of trust and love
   - They later want to invest in the family and in keeping a positive atmosphere
   - Feel loved
   - Feel secure
   - Family relationships are strengthened
   - They will be able to have healthy relationships
   - Strong love/value toward themselves and others
   - Gives them energy to face challenges. For example, if a child goes to school and kids in the class room exclude them or say mean words, the child still knows that they are loved and valued at home.
   - Self-worth

2. How do we build good relationships with our children?

Collect the parent's idea and then share: Next to building trust we consider showing love as the other key element in building a good relationship with your child. We therefore want to look at a useful tool for helping us to better understand our children and learn how to express love in a way that our child understands.

If I started to speak to you all in English, would any of you understand me? Maybe some, but to others my words would be without meaning. Would that be useful for them? No. It is similar with love: Sometimes someone expresses love in ways the other feels loved, but sometimes the other person doesn't understand that love has been shown to him/her in that moment. We are going to start by exploring the concept of love languages.

Discuss:

1. When do you feel loved? Give all parents the opportunity to share. Mention that it is experienced or appreciated different for some people and similar for others. The same is true with children.
2. When do you sense that your children feel loved? How do you know they feel loved?

The 5 Love Languages:

The concept of love languages is simple: After years of research, a marriage/family therapist concluded that there are five emotional love languages. In other words, there are five primary ways that people speak and understand emotional love. While most of us appreciate all five love languages, we usually have 1-2 languages that we relate to most. This means that there are certain ways we prefer to show and receive love.

Share each of the below love languages and ask the parent to share what they think each one means and what might be examples of each love language:

1. **Words of Affirmation:** Expressing affection through spoken affection, praise, or appreciation. Encouraging your child, telling them that you are proud of them, telling them what you love about them.
   - Examples: "You played a great game of soccer." "You are so thoughtful." "Thank you so much for helping me, you are such a great helper."
     Note: *It is very important to speak words that affirm the heart and motivation of a child, not the performance.* For example: When a child draws a picture for you, don't always say "wow you are so smart, you are good at drawing." Instead, you can say things like "wow, it is so kind that you thought of me" or "I love you, thank you for drawing me this picture."
2. **Acts of Service:** Actions, rather than words, are used to show and receive love.
   - Examples: Helping your child with homework, cleaning up, washing clothes, or doing other acts that help your child.
3. **Receiving Gifts**: Gifting is symbolic of love and affection. It does not mean you are materialistic, but that you greatly appreciate a thoughtful gift.
   - Examples: Giving your child a gift that shows that you know them well. You can even create gifts that do not cost money. You can create something for them. It could even be something simple that you find in nature (a beautiful rock, feather, etc.). You can tell your child why this item made you think about them. Gifts do not need to cost money to be meaningful.
4. **Quality Time**: Expressing affection with undivided, undistracted attention.
   - Examples: Doing something special with your child alone, like going to the park, reading a book, listening to them talk about their day, playing a game with them.
5. **Physical Touch**: With this love language, the speaker feels affection through appropriate physical touch.
   - Examples: Hugs, kisses, cuddling. Important note: Many children are not comfortable with many of the hugs and kisses they get from adults, especially from relatives. If the child is not comfortable, we should not touch the child, and in this case we should also protect our child from others touching them.

Discussion time (15 minutes):

1. Do you think the five languages is a useful tool? Is there one love language you relate to most?
2. Discuss the following question in pairs: Think about your children, do you have any ideas on their love language? Is it different than yours? Often parents can tell the love languages of their children. But if they want, the facilitator can also give the parents a copy of a test to determine the child's love language (see Appendix **Error! Reference source not found.**).
3. How can we express love to and receive love from our children? How might we apply these love languages in our relationships with them?

KEY MESSAGES:

- Trust and love between parent and child are foundational for a strong relationship.
- Love languages can be a way for us to better understand how to show our child love in ways that communicate with their hearts.

SOCIAL TIME (20 minutes):

Share tea and coffee together. Ask the parent to share with each other what they think their love languages are. And have them reflect on self-forgiveness.

Homework and closing (5 minutes):

Everyone should observe their children this week and try to identify their love languages. Talk to them and ask questions to try to determine this. Also, try to tell your child your love languages. When the child does something to you in your love language, show emotions so the child knows how to relate well to their parent.

8. **Helping your child to build a healthy self-worth**

Notes to Facilitators

Learning Objectives:

- Understand the importance of building our child's self-worth
- Identify ways we can help to support our children to develop a healthy self-worth.

Materials Needed:

- Flip chart paper and markers
- 1 plastic flower/ball for the "talking flower/ball"

Special Preparation:

- Nothing

<u>WELCOME (20 minutes):</u>

Welcome everyone.

<u>Ice Breaker</u>

Play a fun group game together (see appendix **Error! Reference source not found.**).
Have every parent share briefly their reflections on the homework. Were you able to determine your child's love language? Did you try to express love in that language? How was it received by your child? Did you feel you expressed love appropriate to the age of your child?

<u>SESSION (30 minutes):</u>

What do we mean by building a child's self-worth?
Show **Error! Reference source not found.** from the Appendix. Share the following ideas an discuss briefly with the group through asking questions:

- In short, self-worth is defined as the view one has of herself/himself and his/her abilities.
- A child's self-worth begins at birth with how adults respond to her/him. Parents and caregivers create a positive self-worth in their little child through responsive, consistent, and caring interactions (bonding). This includes things like eye-contact and touch.
- As a child grows, that positive self-worth is grown in new ways, including showing interest in your child's interests, giving them opportunities to make decisions, and empowering a child to feel competent and try new things.
- When a child has a healthy, developed self-worth, it means that the child:
    - knows s/he is loved to loves him/herself o trusts and is responsible o learns how to set boundaries o feels secure o has relationships built on love, acceptance, and respect.
    - believes in themselves and takes initiative ("I can do it" attitude).

Discuss the following in small groups and report back to the bigger group. Have each group write their ideas on pieces of paper. How can we support a strong self-worth?

The facilitator can write and add the following ideas on pieces of paper if they were not mentioned before:

- Think first before punishing misbehavior. Misbehavior often is the outcome of discouragement and a poor self-worth. Find positive ways to build your child's self-worth, instead of just continuously punishing them for misbehaving.
- Don't compare your children or make comments about who is better. Try to find the individual strengths of each child, and try to affirm those strengths. (Example: Don't say, "*This one is the smart one, the other child is stupid,"* or "*She is smarter than her brother."* Instead, if a child is struggling in math, say things like, *"I know you will make it. You are good at other things (*try to give specific examples unique to your child.)
- Spend time with your child in an area that interests them. And talk to them what you observe (For example: You seem to have lots of fun drawing a castle) Encourage activities that strengthen your child's imagination.
- Encourage your child. Don't offer insincere praise, but give affirmations that you are paying attention to your child and notice what they are doing. Examples of encouraging words:
    - You can do it! o I believe in you! o You're doing well.
    - I see you put a lot of effort into that.

  Examples of discouraging words:
    - Be careful. You usually color outside the lines. o That's probably too hard for you. o You can do better than that.
    - Most of the room is clean, but you left some things out.
- Show your children that you believe in their abilities. Don't just do things for your child or tell them what to do, ask questions and help them think through possible solutions.
- Provide them with opportunities for success. Give your child responsibilities that are appropriate for their age, not over-burdening them or giving them less than they are capable of doing.
- Give your child the opportunity to ask questions and explore their environment. Allow them freedom to try new things, and help them discover their abilities.
- Meet your child's needs, and help them understand the difference between needs and wants.
- Be calm and control your own reactions. Try not to escalate a situation when your child is misbehaving with your own strong reaction. (For example, to control your own reactions, try to count to 10 before acting or speaking. Try to speak calmly).

To close this part of the session, have each parent write down 2-3 of these ideas that touch their hearts into their journal. Throughout the week, they should try to put these 2-3 ideas into practice.

Discussion time (20 minutes):

Have the parents break up into small groups and discuss the following questions:

1. Based on our discussion, what would you like to change in dealing with your children (for example: try new ways of encouraging, stop comparing)
2. How do you think that these strategies will change the relationship with your child?
3. Each group should report back their main ideas to the larger group.

KEY MESSAGES:

- As parents and caregivers, we are very influential in building our child's self-worth.

- We can use words that encourage, instead of discourage.
- Offer empathy, love and understanding. This helps a child develop a healthy self-worth.

SOCIAL TIME (20 minutes):

Share tea and coffee togther.

Homework and closing (5 minutes):

Find ways to use the different ideas discussed by the group to build your child's self-worth. Pay special attention to the words that you use. When you use words that could discourage, apologies and ask for forgiveness

9. Mistakes, boundaries and consequences

Notes to Facilitators

Learning Objectives:

- Mistakes are something we can learn from. It is okay to make mistakes.
 Empathy comes before consequences

Materials Needed:

- 1 plastic flower/ball for the "talking flower/ball" Plate, salt and toy for dramas.

Special Preparation:

- Prepare for the dramas

WELCOME (20 minutes):

Welcome everyone.

Ice Breaker:

Play a fun group game together (see appendix **Error! Reference source not found.**).
Have every parent share briefly on how the homework went last week. What control/freedom did they give their children? How did their children respond? How did the parent feel?
Review the Key Messages from the previous session.

SESSION (45 minutes):

Allowing mistakes:

Show the image in the appendix of the baby bird from **Error! Reference source not found.**
Did you ever make a mistake as a child? How did you feel? What was the reaction of adults in that moment?
All of us make mistakes. Making mistakes can be good. When we make mistakes and learn from them, it makes us less likely to repeat that same mistake.
There will be two dramas, and each one shows a different reaction from the parent. One person is playing the parents, the other person is playing the child.

Drama 1A:

The child wants to put a lot of salt on her egg.
Child: Happily starts to pour a lot of salt on the egg. Parent: *STOP it!* (In a loud voice) Child: Puts the salt shaker down.
Stop the drama and ask the group: *How do you think the child feels? Did the child learn anything?*

Drama 1B:

Child: Pours lots of a salt on the egg.
Parent: Watches the child but does not say anything.
Child: Eats the egg and says: Oh gross! (Makes a disgusted face) Parent: Why do you think it tastes gross?

Child: I don’t know.
Parent: What was different about your egg this morning?
Child: I put lots of salt and that was really gross.
Parent: You are very clever for discovering that. A little salt is good, but too much salt can make it taste gross.
Ask the group: What was different the second time? What do you think the child learned?

Boundaries and consequences

Let us talk about setting boundaries, showing empathy and following through with consequences. First we will have a drama to illustrate this.

Drama 2A:

Parent: You need to put on your shoes if we are going to the park.
Child: I don’t want to put my shoes on!
Parent: Well if you don’t put on your shoes, we can’t go to the park.
Child (crying and throwing a tantrum): I want to go the park but I don’t want shoes.
Parent (getting angry and shouts): No, we are not going to the park. I hope you learned your lesson!

Drama 2B:

Parent: It is time to go to the park! Let’s put on our shoes.
Child: I don’t want to put my shoes on.
Parent: Well, we both need to put on our shoes if we are going to go the park.
Child (crying and throwing a tantrum): I want to go to the park but I don’t want to wear shoes.
Parent: (Say in a very kind and empathetic voice). Uh-oh, this is so sad. We can’t go to the park without our shoes, so we will have to stay at home. We can go the park another time when I know you will wear your shoes and not have to worry about you having a tantrum. It is disappointing, but hopefully next time we can go.

Ask the group to share their observation and briefly discuss the following questions:

1. What was the boundary? (Has to wear shoes)
2. What is the consequence if the child goes beyond the boundary? (The child can´t go to the park)
3. How do you see empathy making a difference between the two dramas?
4. Which drama helped the child learn?

Divide the parents into smaller groups, and give each group the following questions:

1. Boundaries: *In which areas do you need to set boundaries? How can you set healthy boundaries for our children? What makes it hard for you to do this?*
2. Consequence: *What is a consequence? How do you give consequences? What is the advantage of giving consequences? What are good/bad consequences?* (Loving consequences can be a way to help our children learn from mistakes, and learn that their actions are linked to results. If the consequences are given harsh, disproportionate, or not given in a kind way, they will not be received well and the child will not have learned the lesson in a good way.)

DISCUSSION TIME (30 minutes):

Get together with the whole group and discuss the dramas:

1. How can we show empathy when a child makes a mistake? (Kind voice, make the child feel like you are on their side by saying things like, “uh oh” or “I'm sorry.” When you say these words, a child does not feel like they have to fight with an enemy, but instead has a friend to help him/her deal with their frustrations).
2. What difference does showing empathy make?
3. What if we just speak consequences but don't follow through on them? (For example: the child feels like the parent has no power, a child doesn't think they have to obey, a child thinks the parent is lying or the child feels they don't need to take the parent seriously because nothing will happen, they are not learning anything.) 4. What do kids learn when consequences are followed through?
5. How can we give good consequences?
   a. We should give logical consequences that are not disproportionate in intensity (For example: If a child is throwing food at dinner, take away their plate of food).
   b. We should give logical consequences that are appropriate to the child and can be understood by the child.
   c. Give consequences with empathy, not anger
6. What is the difference of giving consequences with empathy versus anger?
7. Mention that sometime instead a parent can also redirect the child as a mild way of a consequence: For example a child is upset because they want to play with a toy another child has. Ask them if they want to color with you or play with a different toy. Ask the group: What are some ways that we could redirect our children when they are misbehaving?

Show **Error! Reference source not found.** from the appendix: Starting from a place of empathy helps to strengthen our bond with our children. Even when we are upset with the choice that they made, starting with empathy, not anger, opens our children's minds and hearts.

KEY MESSAGES:

- When we show empathy, our children don't have to fight us, but instead they feel like we are on their side. This helps a child start to solve their problems and deal with their frustrations. It helps us connect with our children, even in moments of anger. Empathy opens a child's mind to learning. Anger or threats cause a child to resist and become unreasonable.
- Delivering consequences with empathy helps our children to learn from their mistakes.

SOCIAL TIME (20 minutes):

Share tea and coffee together. Encourage parents to share some situations they are struggling with in parenting. Have them share times people have shown them empathy, and how that made them react.

HOMEWORK AND CLOSING (5 minutes):

Try to deliver consequences with empathy instead of anger. Journal what you find difficult. Journal about some of the successes you see with your children. Or, every evening before you go to bed, review the day and think about any conflicts you had throughout the day. Think about how you acted. Think about whether or not you showed empathy or delivered consequences.

10. Develop your child in problem solving

Notes to Facilitators

Learning Objectives:
- Understand why children need to be involved in problem solving
- Identify ways we can help our children learn how to think for themselves.

Materials Needed:
- 1 plastic flower/ball for the "talking flower/ball"
- Toys, slippers, phone and scissors for the dramas

Special Preparation:
- Prepare the dramas. If you want the parents in the group to do the dramas, make copies of each drama's instructions and dialogue to give to each pair that volunteers to do the dramas.

WELCOME (20 minutes):
Welcome everyone.

Ice Breaker:
Play a fun group game together (see appendix **Error! Reference source not found.**).
Have every parent share briefly on how the homework went last week. Did they have a chance to respond with empathy? What did they find difficult? Ask if there are parents willing to share with the group some stories from their week.
Review the Key Messages from the previous session.

SESSION (30 minutes):
Problem solving
Show **Error! Reference source not found.** from the appendix. Think of a little bird. Birds need to learn how to fly. It is critical to their survival. Imagine that a baby bird falls out of the nest and we put it back in the nest. It keeps trying to learn to fly, but we keep putting it back in the nest. What will happen? The bird won't learn to fly if we never let it try to fly or always pick it up and put it back in the nest. The same is true for our children. We cannot do everything for them. One day our children will leave the house and they need to solve problems themselves. Today we are going to think about how we can help our children learn how to solve their own problems. We want to help our children learn to do this, instead of always doing things for them, forcing them to do things, or just punishing.

Present the drama before discussion:

Drama 1A
Child comes home sad from school.
Father: Don't make a grumpy face!
Child goes away to its room
Father (In a loud voice): Come here and do your homework.
Child: No!
Father (Shouting): You come now or you get punished. (Child comes slowly)

Drama 1B

Child comes home sad from school.
Father: Why are you sad?
Child: Ibrahim hit me.
Father: I am sorry. Why did he hit you?
Child: He just likes to hit me, because I am so small.
Father: That is wrong. What could we do about this?
Child: I don't know.
Father: Let us sit down and I help you think how to solve this problem. (Child sits down with the father)

DISUSSION QUESTIONS (30 minutes):

Discuss in a large group:

1. What did you observe in the dramas?
2. What was the difference between the two dramas?
3. What did the father want? What did he do? Did he get to understand his child better? How did the child react?
4. Will the child learn to solve his own problems? If yes, how?

Depending on the group, the facilitators might want to stress the importance of parents supporting their children in their education, whether it is encouraging them and supporting them academically but also helping them to do well around their class mates.

Drama 2

Start by explaining that Amir cut his little sister's hair. One side is long, the other side is short.
Mother: What are you going to do?
Amir: I don't know!
Mother: Would you like to get some ideas?
Amir: Yes.
Mother: You could call the barber and ask how much it would cost to get your sister a haircut.
You could pay for it using your Eid money.
Amir: That sounds like a good idea. How much does it cost?
Mother: I'm not sure. Let's call him.
Amir (using phone, and crying a little bit): Hello? How much does it cost to get a haircut? (Hangs up phone). He says it is 3 JOD, but I only have 2 JOD! What should I do?
Mother: This is so sad. Do you want another idea?
Amir: Yes!
Mother: You could earn the 1 JOD by helping me with dusting the house and cleaning the dishes. Amir: But I don't want to do that!
Mother: Okay, well you could also pay me with your superman toy. If you give me the toy, I will give you 1 JOD.
Amir: I will help you with the dusting and cleaning!
Mother: Great! That's a good solution.

Discuss in pairs:

1. What did you observe?
2. What did the mother want? What did she do? How did she react?
3. Did the child learn to solve his own problems? If yes, how?

Share **Error! Reference source not found.** from the appendix. The mother asked questions and offered ideas. Asking questions is a way of sharing the thinking. Questions cause children to think and encourages them to come up with solutions. It also builds their self-worth when they learn that they can come up with good ideas and make good decisions. When we give our children commands, it often causes them to resist.

We can help our children solve their problems by doing the following:

- Look at the situation with empathy. Think of things from your child's perspective.
- Ask your child, "What are you going to do?"
- When your child says, "I don't know," ask them if they would like some ideas.
- Offer no more than 3 possible solutions. After each one, ask "How would that work for you?" If the child does not agree on any of the options you presented, then you can give a choice between two options. Or tell the child that if they cannot decide, you will make the choice for them.
- Allow your child to choose and learn from your choices and empathy.

<u>Activity:</u>

- If there is time, get into pairs. Let every pair think of a problem their children face. They should prepare a drama that shows how they help the child to solve the problem by asking questions.
- Each pair presents their drama to the larger group.

<u>KEY MESSAGES:</u>

- Asking questions before offering solutions can be a good way for a child to learn to solve problems on his/her own.
- Problem solving involves children in decision making and helps them learn to take responsibility for their actions.

<u>SOCIAL TIME (20 minutes):</u>

Share tea and coffee together. Encourage parents to share some situations they are struggling with in parenting. Have them share times people have shown them empathy, and how that made them react.

<u>HOMEWORK AND CLOSING (5 minutes):</u>

Practice guiding your children with questions and giving them options to solve problems. Journal about some of the successes you see with your children.

You are all wonderful parents! Continue to look for ways to support one another. Parenting can be hard, but also very joyful. Knowing that we have other parents to learn on for support should encourage us! We are here for each other! Remember, we can keep trying, even when we make mistake

11.Reference:

Here are some well-known web links that provide valuable references and resources:

Self-Understanding and Care

1. **Mental Health America (MHA) - Self-Help Tools**:
   - https://www.mhanational.org/self-help-tools
2. **Psychology Today - Self-Care**:
   - https://www.psychologytoday.com/us/basics/self-care

Marital Relationships

1. **The Gottman Institute - Marriage and Relationships**:
   - https://www.gottman.com/marriage-and-relationships/
2. **American Psychological Association (APA) - Marriage and Family**:
   - https://www.apa.org/topics/marriage-family

Effective Parenting

1. **Centers for Disease Control and Prevention (CDC) - Positive Parenting Tips**:
   - https://www.cdc.gov/ncbddd/childdevelopment/positiveparenting/index.html
2. **Child Mind Institute - Parenting Tips**:
   - https://childmind.org/topics/concerns/parenting/

Communication and Love Languages

1. **5 Love Languages - The 5 Love Languages®**:
   - https://www.5lovelanguages.com/
2. **National Communication Association (NCA) - Communication Currents**:
   - https://www.natcom.org/communication-currents

Forgiveness and Emotional Healing

1. **Greater Good Science Center - Forgiveness**:
   - https://greatergood.berkeley.edu/topic/forgiveness
2. **Mayo Clinic - Forgiveness: Letting Go of Grudges and Bitterness**:
   - https://www.mayoclinic.org/healthy-lifestyle/adult-health/in-depth/forgiven-ess/art20047692

Resilience and Coping Strategies

1. **American Psychological Association (APA) - Building Resilience**:
   - https://www.apa.org/topics/resilience
2. **National Institutes of Health (NIH) - Coping with Stress**:
   - https://www.nimh.nih.gov/health/topics/coping-with-stress
   -

External Influences on Relationships

1. **HelpGuide - Relationships**:
   - https://www.helpguide.org/articles/relationships-communication/relations-hips.htm
2. **Family Life - Influences on Marriage**:
   - https://www.familylife.com/articles/topics/marriage/staying-married/influences/

Community and Peer Support

1. **Mental Health America (MHA) - Peer Support**:
   - https://www.mhanational.org/peer-support
2. **National Alliance on Mental Illness (NAMI) - Peer Support**:

- https://www.nami.org/Your-Journey/Individuals-with-Mental-Illness/Peer-Support

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Leadership and Advocacy in Social and Health Care Professions Project

Advocacy in Social and Health Care Professions: Principles and skills

A Training Manual

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This manual is intended for training purpose.
Target group: Students and volunteers in social and health care fields.
Since it is not intended for publication, in text documentation of citations was not included. References are listed at end.

Contents

1. Objectives & Intended Learning Outcome (ILOs)

This manual aims at equipping social workers with the knowledge and skills they need to become effective advocates for patients. Social workers play a crucial role in supporting patients and their families throughout their health care journey: from diagnosis and treatment options to navigating the healthcare system, and after being discharged and advocating for their rights.

Upon the completion of the training using this manual, participants are expected to be able to:

- Understand the role of advocacy in health care systems,
- Define advocacy and its importance in healthcare.
- Identify barriers to accessing quality healthcare.
- Recognize the unique needs of kidney patients and their families.
- Develop effective advocacy strategies:
- Identify key stakeholders and decision-makers.
- Build relationships with policymakers and healthcare providers.
- Utilize effective communication techniques, including written and verbal communication.
- Utilize advocacy tools such as letters, emails, and social media.
- Connect human rights-based approach and advocacy
- Develop and enhance leadership skills
- Develop self-awareness and self-confidence.
- Develop effective advocacy strategies:
- Identify key stakeholders and decision-makers.
- Build relationships with policymakers and healthcare providers.
- Utilize effective communication techniques, including written and verbal communication.
- Motivate and inspire others to take action.
- Build and maintain effective teams.

- Apply advocacy and leadership skills to real-world situations:
- Develop advocacy plans for specific patient needs.
- Lead patient advocacy groups and support networks.
- Collaborate with other healthcare professionals to improve patient outcomes.
- Advocate for policy changes to improve access to care and support service

2. Introduction

What is common among humanitarian professions? There is a wide agreement on considering Human Rights (HR) respect and the goal of realizing these rights for everybody as common factors among humanitarian professions, like social work, health care, education, and other fields of human services. Many of those who have written about human rights and social work have stressed the essentiality of human rights to social work, stating that it is simple, natural, or axiomatic to say that social work is about human rights. The adoption of Universal Declaration of Human Rights provided strong common ground for the human professions and sciences through its intention to create a common benchmark of standards for people of all nations to enjoy regardless of nationality, race, ethnicity, culture, age, or gender. A perspective which is based on the idea of human rights and its relation to all kinds of human services could be very helpful, especially regarding the relationship between theory and practice in these professions. Hence, combining human rights and social work, for example, through a human rights perspective of social work or a human rights-based approach to social work may be the most significant combination of human rights and human services.

This status of human rights, in humanitarian professions, produced an encouraging amount of acceptance among those in social care and health professions about the role of advocacy as one of the tools for helping people and ensuring that their rights are upheld, thus making professionals in such fields good and efficient HR advocates. HR advocacy for social workers, for example, has historically been regarded as being one of the core practice skills and part of their everyday activities. Though it may sound like a form of legal practice which does not necessarily transfer readily to social work, when led as a process by social workers, and seen as an interdisciplinary practice, human rights advocacy can integrate the legal dimension, further demonstrating its interdisciplinary approach.

In the human rights advocacy model, tools of empowerment are the tools of intervention used to face disentitlement and achieve denied human rights on all levels. States of disentitlement are transformed into states of power through the empowerment tools of human rights advocacy, like transforming unworthiness into self-respect on the personal level; fragmentation into coalitions and democratic groups on the communal level; inaccessible into accessible on the institutional level; and corrupt into transparent on the political level.

2.1. Human Rights-based Approach to Advocacy in Human Services Professions

What is a human rights-based approach?

A human rights-based approach is about empowering people to know and claim their rights and increasing the ability and accountability of individuals and institutions who are responsible for respecting, protecting, and fulfilling rights.

This means giving people greater opportunities to participate in shaping the decisions that impact on their human rights. It also means increasing the ability of those with responsibility for fulfilling rights to recognize and know how to respect those rights, and make sure they can be held to account.

A human rights-based approach is about ensuring that both the standards and the

principles of human rights are integrated into policymaking as well as the day to day running of organizations.

Rights-based social work practice (RBSWP) is a practice that aims to have the human rights of the targeted clients (individuals, groups, or communities) actualized, exercised by them, respected by state and non-state actors, enjoyed by clients in meeting their needs, and respected in the practice of relevant accountable agencies. This practice is undertaken through means that respect human rights, leading to the realization of human rights as ends. The means ensure that the right to participation of the communities, groups and individuals is respected, and their participation is promoted in such a way that, through both the process and outcomes, empowers them to be capable of helping themselves in facing their problems and overcoming the obstacles that impede the realization of the rights that they are entitled to. RBSWP does not only work to solve the problems of individuals, groups and communities, but is committed to changing policies and regulations that create these problems to more just ones. RBSWP also empowers (educates) involved social workers and volunteers to be more effective professionally and more committed to human rights values and principles. It aims also to create a human rights friendly environment within the organizations that are involved in the practice.

There are some underlying principles which are of fundamental importance in applying a human rights-based approach in practice. These are known as the PANEL principles:

• **P**articipation

• **A**ccountability

• **N**on-discrimination and equality

• **E**mpowerment and

• **L**egality.

Participation

Everyone has the right to participate in decisions which affect their human rights.

Participation must be active, free, meaningful and give attention to issues of accessibility, including access to information in a form and a language which can be understood.

What does this mean? It means that individuals should participate in all decisions about the care and support they are receiving.

(exercise 1)

Accountability

Accountability requires effective monitoring of human rights standards as well as effective remedies for human rights breaches.

For accountability to be effective there must be appropriate laws, policies, institutions,

administrative procedures and mechanisms of redress to secure human rights.

(Exercise 2)

Non-discrimination

A human rights-based approach means that all forms of discrimination in the realization of rights must be prohibited, prevented, and eliminated. It also requires the prioritization of those in the most marginalized situations who face the biggest barriers to realizing their rights.

What does this mean?

There are times when older people receiving care and support services can be amongst

some of the most vulnerable and marginalized people in our society - a human rights-based approach means we must pay particular attention to the protection and realization of their rights. Sometimes, because of their age, older people are discriminated against in access to services or in opportunities to express their views. Older people also have different identities based on their gender, ethnicity, religion, and many other grounds. Each of these identities should be respected when receiving care and support services.

(Exercise 3)

Empowerment

A human rights-based approach means primarily that individuals and communities should know their rights, and thus to fully participate in the development of policy and practices which affect their lives and to claim rights where necessary. This also means that they reach a state of being powered to help themselves and stand for their rights and having their needs met as rights they are entitled to. Thus, empowerment refers to the process by which power is gained, developed, seized, facilitated, or given. An individual or group moves from a condition of relative powerlessness to relative power through the empowerment process. Such empowerment examines circumstances that contribute to differential treatment; responds to the individual's and group's experience of oppression; focuses on treatment in society and access to resources; works to reduce inequitable power structures; and is characterized by two interdependent and interactive dynamics – personal empowerment and social empowerment.

(Exercise Pannel 4)

Legality of rights

A human rights-based approach requires the recognition of rights as legally enforceable entitlements and is linked to national and international human rights law.

What does this mean for us?

Care providers and all other accountable bodies must be sure that their practices and

procedures are grounded in human rights law, and on the other hand that they are accountable accordingly so that they must not breach the human rights of anyone.

(Exercise 5)

2.2. Meeting Needs and Fulfilling Human Rights

For social workers as advocates, it is important to know the relationship between rights and needs, and the implications of this relationship for social work practice. In social work practice, needs are mostly associated with the "needs assessment" and "meeting needs". The phrase "needs assessment" intrinsically assumes a positivist view, implying that the needs to be assessed can be measured in an objective way. In practice, the assessed needs are influenced by the perspective of the social worker who undertakes the assessment. The central problem of the needs-based approach is the implicit disempowerment wrought by depriving the individual, group, community, and society of an essential right: the right to define one's own needs. Another problem stemming from the definition of needs is the hierarchy of needs. The hierarchy contradicts two essential characteristics of human rights: universality and indivisibility.

A discourse of rights, as opposed to a discourse of needs, suggests that there is indeed a public obligation, a moral imperative to act. It puts anyone advocating for adequate provision of public services in a position of arguing for them based on human rights, implicitly accusing a public authority that does not provide them of human rights abuse. This means that such advocates are arguing for better services not just because they are a good idea, or would make people healthier, better educated, better housed, and so on. Rather, they are also arguing for them because it is people's human rights to receive adequate services to realize their full humanity.

The rights-based approach does not ignore the needs of individuals or groups; it considers statements of needs as statements about rights and defines needs as contextualized rights that account for the cultural context, within a framework of universal human rights. This means that where there is unmet need there is unfulfilled or a denied/violated human right/s. According to this approach, there is a link between needs and rights: the essence of this link is the consideration of the achievement of the acclaimed rights as the end of meeting the stated needs. Therefore, in rights-based practice the word 'right' is used more than the word 'need' in the day-to-day discourse of social workers, and whenever a 'need' is talked about, its underlying rights are identified and explored.

(Exercise 6)

2.3. Rights Holders and Duty Bearers

Human rights create rights and duties. The people we help are the rights holders (RHs), while state and nonstate agencies are duty bearers (DBs). The RHs as individuals and groups are entitled to enjoy their rights fully regardless of nationality, place of residence, sex, national or ethnic origin, color, religion, language, or any other status, and they cannot be taken away except in specific, pre-determined situations and according to law. Also, human rights relate to and depend on each other. For example, it would be hard to exercise the right to freedom of expression without the right to health being fulfilled, and if the right to information is denied then this will undermine the right to participate in decisions.

The DBs have the following **duties** to have those entitled to the rights have such rights unconditionally and be able to exercise them:

The duty to **respect** the rights of the RHs, which means that state and nonstate DBs must not act to interfere with the enjoyment of human rights.

The duty to **protect** requires state and nonstate DBs to ensure that others do not infringe or block access to human rights.

The duty to **fulfil** means that state and nonstate DBs must take positive action to facilitate the better enjoyment of human rights.

(Exercise 7)

To put this approach into practice, an approach, to be called FAIR approach, can be helpful. FAIR basic steps are:

• **F**acts: What is the experience of the individuals involved and what are the important facts to understand?

• **A**nalyze rights: Develop an analysis of the human rights at stake

• **I**dentify responsibilities: Identify what needs to be done and who is

responsible for doing it.

• **R**eview actions: Make recommendations for action and later recall and evaluate

what has happened as a result.

(Exercise 8)

3. Advocacy

3.1. What is advocacy?

It is important to be clear about what we mean by advocacy, as it may mean different things to different parties who use this term. Advocacy, as a process, includes the following elements: the advocate, client (the party who is advocated on their behalf), the subject (the cause/case advocated for), and the other side. It should be clear when we use the term client that we avoid the negative connotations of the term and have the party we serve as advocates participating in all aspects of the process through an empowering participation. In application we may use the real definition of clients, like patients, citizens, adopted children, etc. The other side is the party we target as a DB who did/does not fulfill its obligation according to law or violates the human rights of the client.

Dictionary definitions of advocacy include a spectrum of concepts, like define the verb ‘to advocate’ as ‘plead for, defend, recommend, support’. One common definition that is usually used for ‘to advocate’ is ‘to give voice to’, but this excludes those who have voice but are not able to solve their problems. A helpful definition is that it is a device to influence the balance of needs/rights of the group in the favor of the needs/rights of individual, especially those on the social margins. Regardless of any adopted definition, advocacy should be practiced in a way that avoids turning it into conservative practice that reinforces the powerlessness of the people concerned. If advocacy is not to be conservatizing, it needs to be practiced within an empowerment framework which seeks to show an advocacy approach, far from reinforcing the dependance of the client on the advocate, is oriented towards the skilling of the client, as the active involvement of the client in this process is very crucial. Advocacy embraces various activities undertaken to gain access to and influence decision-makers on matters of importance to a particular group or to society in general. It is considered as a tool for citizen participation, as an exercise of power, and as a cumulative process.

(Exercise 9) Use a selected case to analyze the elements of the advocacy process, and how it can be conservative & disempowering and when it can be empowering)

3.2. Forms of advocacy

Advocacy in general has been practiced in different forms depending on the professionals who act as advocates, as well as on the differing demands of those who are included in the advocacy process. These forms are: Self-advocacy, Citizen advocacy, and Legal advocacy.

Self-advocacy is defined as a process in which an individual, or a group of individuals, speaks or acts on their own behalf in pursuit of their own needs and interests. One can question whether such actions are consistent with the given definitions of advocacy, where a third-party acts on behalf of another. This form of advocacy happens in day-to-day life when people try to survive in modern society. Self-advocacy can be effective when it is done by or through groups that organize collectively to take actions on a common cause, like tenants on housing conditions, trade unions at grassroots level collectively take action to secure improvements in pay and work conditions, etc.

The significance of self-advocacy for people working in social care and health is that it provides a route from which new ideas and challenges can emerge. Professionals involved in such advocacy should offer a genuine listening and encourage participation. This form of advocacy can be in a follow up action after a stage of advocacy led by a professional advocate, in which the individual or group has been empowered and can continue advocating on their own behalf.

(Exercise 10) from your experience, give example of self-advocacy, and to what extent it was successful?)

Citizen Advocacy occurs when an ordinary citizen develops a relationship with another person who risks social exclusion or other unfair treatment because of illness or disability. As the relationship develops the advocate chooses to understand, respond to present the other person's interests as if they were the advocate's own. Citizen advocacy sees the advocate and service user acting in partnership; indeed, the advocate and the client are described as partners.

The one-to-one relationship of advocate and partner is central to citizen advocacy and enables the advocate to use his or her time and energy in improving the life of a particular individual. It also provides a strong counterbalance to the general tendency of services to view people with the same problem, like people with learning difficulties, as a homogenous group rather than as individual beings with their own likes and dislikes.

Citizen advocacy suffers from a fundamental weakness. It involves the advocate acting in a variety of roles, and the different skills needed for such roles are poorly defined. Expecting a citizen advocate to be a friend, counsellor, legal adviser, and general supporter places too many roles on the shoulders of one person. Another weakness is related to the long-term commitment required for bringing the process to the desired goal.

(Exercise 11) To what extent can citizen advocacy be possible and effective in your community/society; what are its opportunities and challenges/obstacles?

Legal Advocacy has been traditionally considered as the field for lawyers as players. For those who work in social and health care professions, there are several distinctions between their advocacy (social advocacy) and lawyers' roles as advocates. First, social advocacy usually takes place outside the courtroom. Second, the skills used in legal advocacy can be used in social advocacy, while legal advocates do not use the skills of others. Third, most human service advocates are not paid by their clients. Fourth, advocates in social and health care fields need some legal knowledge, but they do not need legal training as lawyers.

Pure legal advocacy is usually based on contractual or financial relationships; thus, it is difficult for most people to engage in because of complex rules of conduct and limited rights of audience before courts. Human rights defense organizations, which are built as community-based organizations, can fill the gap by helping advocates in social and health care through providing them with necessary legal knowledge to be integrated in the advocacy process. Such help can be offered through legal clinics offered by such organizations in the framework of community organization as a primary method of social work.

(Exercise 12) Invite a member of a community-based organization to talk about their experience in advocacy for cases that have a legal component.

3.3. Principled Advocacy

Principled advocacy is an approach to advocacy which lays down a structure for advocates to follow and clarifies their ethical obligations. This approach can enhance the effectiveness of advocacy and establishes the boundaries of activity for advocates so they can minimize ethical dilemmas. The principles should apply throughout the advocate's actions on behalf of a client and have been specifically adopted to meet the needs of social care and health professionals acting as advocates.

All the principles are interrelated, and none can be viewed in total isolation, though each covers a distinct ethical issue. Ethical principles of Advocacy are:

Principle 1: Always act in the client's interest.

It is self-evident that the advocate should always act in the client's best interest, but it is worth restating. This principle means that advocates should constantly remember who they are acting for and what is the ultimate purpose of those actions. Acting in the client's best interest may also mean that the advocate must steer the client away from a particular course of action that the client would like to pursue, where the suggested course is likely to have negative effects, or where the same results could be achieved through another course of action.

Also, this principle can create an ethical dilemma, in which the best interest of the client is not in the best interest of society or a group of clients.

Exercise 12: Analyze the given case as a dilemma where the client's best interest contradicts with the best interest of other party/ies.

Principle 2: Always act in accordance with the client's wishes and instructions.

The client's wishes and instructions are produced through good interviewing and listening skills through which the advocate obtains instructions from the client, it is important here neither to jump to conclusions nor to prejudice a situation. This can fundamentally alter the dynamics where the helper is used to a more compliant relationship. It is important to recognize this and to recognize that these altered dynamics can be uncomfortable for someone in the helping professions. It can also be a challenge for clients who may be unused to exercising this sort of power. Advocacy based on the wishes and instructions of the client cannot be effective without the commitment of the client and developing a sense of ownership, by the client, of the required solution.

The instructional relationship enables the advocate to identify the facts, the options and remedies and to know when the expertise of a third party is required.

This principle has its dilemmas and complications of power relations included in the advocacy subject.

Exercise 13: Analyze the given case as a dilemma. Clients wishes and instructions include undertaking something illegal, or the lack of client's commitment and ownership of the case can undermine the advocacy.

Principle 3: Keep the client properly informed.

Proper instructions cannot be obtained unless the client is fully informed. This does not mean informing the client about everything that is going on, as this is impractical and will make advocacy slow and laborious, as well as it is difficult sometimes to put the complexities of advocacy in everyday language.

There are practical reasons for keeping the client properly informed. The advocate may have misunderstood the client's wishes and instructions; updating the client can provide an opportunity to clarify these. Similarly, it can help the advocate obtain more information from the client, putting the client on an equal footing with the other side who knows what is happening, as well as reinforcing the concept that advocate is acting on the client's behalf.

Informing the client can be done in many steps, like sending copies of all advocate correspondence, drafting correspondence that is written in client's name and passing them to the client to sign, and making phones to other side while the client is present.

Principle 4: Carry out instructions with diligence and competence.

In principle, if you offer to do something, make sure that you can do it, and know your limits as well. "Doing it" means doing your best to do it, and the key words here are 'diligence' and 'competence'. Advocates are not expected to perfect, or never to make mistakes. They thus need to recognize when outside help is required and to know the limit of their expertise. In this context, it is important to have good technical knowledge of the subject and know where and how to research it.

Diligence in advocacy is a matter of kinking the relevant facts in the available information to the best interpretation of law or policy. This is important, even if the advocacy is passed over to somebody else, that the original advocate remains involved because of the information they hold, as this will save duplication of efforts. Developing systems so that people engaging in advocacy have access to good back-up advice services is one the most effective method to help having more competent advocates.

The idea that advocates should act diligently and competently links directly with principle 1: it cannot be in client's interests if the advocate does not deal with the problem diligently and competently.

Principle 5: Act impartially and offer frank, independent advice.

As the advocate's primary duty is to the client, this means being able to say uncomfortable things and not be under any obligations to the other side. This principle is mainly about the relationship of the advocate with the other side, like being an employee of the organization to advocate against, or in an organization funded by that organization. Such relationships will create conflicts of interest that undermine the advocacy process. Other manifestations of such relationship are depending on friendship with members of the other side and listening to their advice with "good intentions".

If the conflict of interest means that the advocate cannot represent the client effectively, then the advocate should refer the client to another advocate outside the organization. This referral does not mean that the first advocate is totally irresponsible towards the client, on the contrary he/she can follow up with the new advocate and offer information and advice when needed.

Principle 6: Maintain rules of confidentiality.

Confidentiality is a core value and ethical principle of practice in social work and other human professions. It serves in protecting the privacy and dignity of clients; fostering trust and respect; and enabling effective service delivery. The nature of advocacy, as a service, necessitates that the righteousness of the relationship between advocate and client should involve confidentiality. Clients must feel safe with the knowledge that what they say is confidential.

There are situations where and when confidentiality can be breached to achieve the best interests of the client, or to protect other individuals or society. If breaching is reasonable, then it should be done according to a system for breaching confidentiality in appropriate cases.

3.4. Advocacy in Social Work and Health professions

There is an emerging amount of acceptance among social care and health professions about the role of advocacy. In social work, medicine and nursing, advocacy is accepted as one of the tools for helping people and ensuring that their rights are upheld.

The very earliest origins of social work as a profession point to the role of social workers as advocates. This is in consistence of social work concern with two themes- the empowerment and protection of people who are vulnerable, poor and/or disempowered. Advocacy can be used in furtherance of empowerment and protection.

It is important to distinguish between advocacy on what is known as bounded problems and advocacy on unbounded problems. Bounded problems are characterized by rules, regulations and procedures and will have a clear structure for resolving disputes or differences of interpretation. Unbounded problems are more based on interpersonal issues and lack a clearly regulated structure to fall back on.

In other human service professions, like medicine and nursing, the emphasis on ethical issues can provide a basis and framework for advocacy. The greatest advances in medical care have been when medicine has turned from individualized treatment plans to addressing issues affecting the public in general or certain groups, a shift that will be concerned in changing policies. The emergence of Public Health, as a distinct field of health care, required that medical staff should speak out on social and economic problems which affect people's health. Thus, this draws the health professional into an arena where advocacy is one of the remedies to be applied.

Literature in the field of advocacy in medicine shows that quite distinct approaches to advocacy have developed in nursing compared to mainstream medicine. As was put by a physician, the traditional extent of our advocacy is perhaps broader than we realize, our advocacy must increasingly address societal as well as individual issues, our advocacy can provide an element of informed and compassionate health care planning and delivery that is available from on other resources.

Within nursing, advocacy has a long history that goes back to Nightingale's efforts to improve the basic healthcare of wounded soldiers in war involved her acting as an advocate against the medical and military establishment of the time. The advocacy role of nurses has been formalized by international and national nurses' organizations, like the International Council of Nurses, that expect practitioners to accept a role as advocate on behalf of the patients, thereby ensuring that they have their own healthcare, their legal and moral rights are respected, and healthcare resources are adequate to provide an appropriate quality and quantity of nursing.

Exercise 14: Give examples of bounded problems and unbounded problems from your experience and discuss approaches to solve each.

4. Advocacy Skills

The driving force behind the use of advocacy skills is the advocate's ethical stance. If the advocate is being effective, the advocacy ethics will form the blocks for any successful advocacy and will ultimately determine which skills are used in advocacy and the commitment with which they are applied. The advocate's core skills are: Interviewing, assertiveness and power, negotiation, self-management, legal knowledge and research, and litigation.

4.1. Interviewing

Skillful interviewing enables advocates to collect and obtain information needed to make informed decisions and tactics and to advise the client while acting in their best interests. Interviewing is a complex skill that includes a range of sub-skills such as: **Listening, questioning, understanding non-verbal aspects, recording, cultural sensitivity, and feeding back.**

Listening: Good listening is essential, as poor listening can lead to insufficient gathering of facts and error in judgment. Effective listening can be undermined by external barriers related to the interview environment, as well as internal barriers related to the interviewer.

Good **questioning** follows the following rules: explaining *why* you ask the question, using indirect questions, and ask the right question at the right time.

Understanding non-verbal aspects is essential in interviewing as non-verbal communication importance is widely recognized in all fields of human relationships. Perhaps the most common non-verbal aspect of an interview by an advocate is the embarrassment felt by the client. The common signs of this feeling can be noticed through signs of blushing, evasive eye contact, or silence. The following are the most useful non-verbal clues to be aware of in an interview: distance between advocate and interviewee, eye contact, and silence.

Recording the facts and details of the advocacy process is very important to help the advocate in working for the best interests of the client. What to record and how many details have to be in the written records is only judged by the objective of the advocacy and the respect of the ethical principles of the advocacy. According to this general rule (objectives and ethics), advocates must not record their personal views of the client, rather they can record an assessment of the chances of success of the case, but it is not acceptable to record personal feelings, i.e the record must be purely factual. The record must be brief enough not to be a burden, while be long enough to enable someone else to see what has happened, what has been done, and what needs to be done.

Cultural sensitivity is essential in all aspects and stages of advocacy. Cultural sensitivity is most acute in the process of interviewing. Cultural issues can emerge in several ways: in verbal anon-verbal communication, in attitudes toward issues, in how much control the advocate should be in their advice-giving, in the different emphasis placed on the meaning of words used by client and advocate, in how open a client is with the advocate, in what remedies are sought, and in concepts concerning health and well-being.

The most common cultural differences may arise because of differences in gender, race, and class between advocate and client.

Feeding back to client is questioning in reverse. It is mainly important when the advocate has reached a stage in advocacy where they must share conclusions with the client or when they want to reflect upon their version of events. It is also important because it enables the advocate to check that their understanding of what was said is correct. The advocate also gives feedback to the client when, in the advocacy process, any technical or other research were undertaken, together with an opinion about the tactics or prospects. As in questioning, the language used here must be appropriate using plain language and avoiding technical terms.

The following rules and guidelines for interviewing cover many aspects of the interviewing skills:

1. Try to tell the interviewee how much time is available for the interview.
2. Start where the client is. Ask them why they are seen if you requested the interview or ask them why they asked to see you.
3. Try to have sympathy for the client to make them relaxed and unafraid.
4. Try to have empathy with the client- see things through their eyes.
5. Do not be judgmental or condemnatory, try to show acceptance and tolerance.
6. Smile on first acquaintance, this may help the client to communicate freely.
7. Do not ask questions that can be answered simply ‘yes’ or ‘no’.
8. Do not put answers into the client’s mouth.
9. Do not probe deeply, unless there is a clear purpose in doing so.
10. Do not be afraid of silences, but do not prolong silence when doing so would be felt as an uncomfortable act for the interviewee or even aggressive act by the interviewer.

Exercise *: Using the 10 mentioned rules of interviewing sub skills, make a short list of DOs and DONOTs for each, (about 5 points for each).

4.2. Assertiveness and Force:

Assertiveness and force are key skill in advocacy, enabling professionals to communicate their clients' needs clearly, confidently, and respectfully without aggression or passivity. In social and health care settings, assertiveness involves standing up for clients' rights, expressing concerns firmly, and negotiating effectively with other professionals or institutions. It balances empathy with directness, ensuring that vulnerable individuals receive fair treatment while maintaining professional boundaries. For example, an assertive advocate might challenge discriminatory policies, insist on proper care access, or mediate conflicts by articulating a client’s position without hostility. Developing assertiveness requires active listening, clear communication, and the courage to confront power imbalances constructively.

Assertiveness and Force, in advocacy, refers to the strategic use of authoritative pressure—such as legal action, policy demands, or public campaigns—to compel change when persuasion alone fails. Unlike aggression, ethical force is measured, purposeful, and grounded in justice, often deployed to address systemic barriers or urgent rights violations. In social and health care, assertiveness and force might involve filing formal complaints, mobilizing community protests, or leveraging media exposure to hold institutions accountable. However, force must be used judiciously; over-reliance can damage trust, while underuse may perpetuate injustice. Effective advocates assess when gentle negotiation suffices and when stronger tactics are necessary to uphold their clients' dignity and rights.

4.3. Negotiation

Negotiation is a fundamental skill in advocacy, enabling social and health care professionals to resolve conflicts, secure resources, and advance their clients' interests through collaborative dialogue. Effective negotiation involves active listening, problem-solving, and compromise while maintaining a firm commitment to the client's rights and needs. In practice, this might mean mediating between a patient and medical staff to ensure appropriate care, bargaining with service providers for better support, or engaging policymakers to influence equitable decision-making. Successful negotiators balance assertiveness with flexibility, seeking mutually beneficial outcomes without sacrificing core principles.

Ethical negotiation in advocacy requires integrity, transparency, and a client-centered approach. Professionals must prioritize their clients' well-being while respecting the perspectives of other stakeholders, avoiding manipulation or coercion. Key strategies include preparing thoroughly by understanding legal and policy frameworks, identifying leverage points, and framing demands persuasively. For instance, a social worker negotiating housing support for a homeless individual might present evidence of eligibility while addressing bureaucratic constraints. By fostering constructive dialogue, advocates can achieve sustainable solutions that uphold dignity, justice, and access to essential services.

4.4. Self-Management

Self-management in advocacy refers to the ability of professionals to regulate their emotions, time, and energy while effectively advocating for clients in challenging systems. Social and health care workers often face high-stress environments, bureaucratic barriers, and emotional demands, making self-care and resilience essential. Key aspects include setting boundaries to prevent burnout, managing stress through reflective practices, and maintaining objectivity to avoid compassion fatigue. For example, an advocate working with trauma survivors must balance empathy with emotional detachment to remain effective without becoming overwhelmed. Strong self-management ensures sustainability in advocacy work, allowing professionals to persist in fighting for justice without sacrificing their own well-being.

To maintain long-term advocacy effectiveness, professionals should develop structured self-management strategies. This includes prioritizing tasks to avoid overload, seeking supervision or peer support for debriefing, and engaging in continuous professional development to build confidence and competence. Time management techniques—such as delegation and realistic goal-setting—help advocates navigate heavy caseloads without compromising quality. Additionally, mindfulness practices, physical wellness, and work-life balance are crucial to sustaining motivation and preventing burnout. By cultivating self-awareness and resilience, advocates can navigate systemic challenges while modeling healthy coping mechanisms for their clients. Ultimately, self-management is not just personal care but a professional responsibility—ensuring that advocates remain empowered to drive meaningful change

4.5. Legal knowledge and research

Legal knowledge is a cornerstone of effective advocacy, equipping professionals with the authority to challenge injustices and uphold clients' rights within complex systems. Social and health care advocates must understand relevant laws, policies, and regulations—such as disability rights, mental health acts, housing protections, and anti-discrimination legislation—to identify violations and demand accountability. For example, a social worker advocating for a patient’s right to informed consent must be familiar with healthcare laws to challenge coercive practices. Legal literacy also enables professionals to navigate bureaucratic barriers, file formal complaints, or collaborate with legal aid services when necessary. Without this foundational knowledge, even well-intentioned advocacy risks being ineffective or inadvertently harmful.

Strong research skills empower advocates to build evidence-based cases, influence policy, and secure resources for vulnerable populations. This includes gathering data (e.g., statistics on service gaps), analyzing precedents (e.g., past legal rulings), and synthesizing information into clear arguments. For instance, a health care advocate researching disparities in maternal care for marginalized communities might use public health studies to lobby for systemic changes. Research also involves staying updated on evolving laws and best practices to adapt strategies accordingly. By combining legal knowledge with rigorous research, professionals can amplify their advocacy—whether through targeted interventions, public campaigns, or testimony in policy hearings—ensuring their efforts are grounded in credibility and precision.

4.6. Litigation

Litigation represents a formal and powerful advocacy strategy, enabling social and health care professionals to challenge systemic injustices, protect clients' rights, and set legal precedents through the courts. While negotiation and mediation are often preferred first steps, litigation becomes necessary when rights violations persist or when institutional barriers resist change. For example, a social worker might collaborate with legal teams to file a lawsuit against a government agency failing to provide adequate disability accommodations, or a health care advocate could support a patient in pursuing legal action over discriminatory treatment. Litigation demands thorough preparation—including gathering evidence, understanding procedural rules, and articulating clear legal arguments—but its impact can be transformative, compelling systemic reforms and affirming the rights of marginalized groups.

Engaging in litigation requires careful assessment of risks, benefits, and alternatives. Social and health care advocates must weigh factors such as the emotional and financial toll on clients, the potential for precedent-setting outcomes, and the likelihood of success. Collaboration with legal experts is essential to navigate complexities, while maintaining a client-centered approach ensures that litigation aligns with the individual's or community's best interests. Even when litigation does not proceed to court, the threat of legal action can pressure institutions to settle or reform policies. By integrating litigation into a broader advocacy toolkit—alongside education, policy work, and grassroots mobilization—professionals can leverage the law as both a shield and a sword in the fight for justice and equity

5. Advocacy Stages

5.1. Presentation of the Problem

It is a foundational stage in advocacy where social and health care professionals clearly define and articulate an issue affecting individuals or communities. This step involves gathering evidence, framing the problem in a compelling way, and identifying key stakeholders who can influence change. Effective presentation ensures that the issue is understood, taken seriously, and prioritized by decision-makers. Key Elements of Presenting the Problem:

- **Clear Definition** – Specify the problem's nature, scope, and impact.
- **Evidence-Based** – Use data, case studies, and testimonials to substantiate claims.
- **Stakeholder Analysis** – Identify who is affected, who holds power, and who can drive solutions.
- **Persuasive Communication** – Tailor the message to different audiences (e.g., policymakers, media, community members).

Without a well-presented problem, advocacy efforts lack direction and credibility. This stage sets the groundwork for **awareness, mobilization, and action**, ensuring decision-makers cannot ignore the issue. By framing problems clearly and strategically, advocates increase the likelihood of policy changes, resource allocation, and systemic improvements.

5.2. Information Gathering

After presenting the problem, the next essential stage is **Information Gathering**—a systematic process of collecting data, evidence, and testimonies to strengthen the advocacy case. This phase ensures that the problem is not just compellingly framed but also **backed by credible facts, legal precedents, and lived experiences** that justify the demand for change.

5.3. Why Information Gathering Matters

1. **Builds Credibility**: Decision-makers (e.g., policymakers, courts, institutions) require proof, not just anecdotes.
2. **Identifies Root Causes**: Helps distinguish symptoms from systemic issues (e.g., Is a health care gap due to funding or discrimination?).
3. **Guides Strategy**: Determines whether advocacy requires **legal action, policy reform, public campaigns, or community mobilization**.
4. **Empowers Affected Voices**: Centers the experiences of marginalized groups rather than relying on assumptions.

5.4. Legal Research

After gathering information about a problem (e.g., discrimination in healthcare, lack of disability accommodations, or unjust policies), the next stage in advocacy is **legal research**. This phase ensures that advocates understand the **laws, regulations, and legal precedents** relevant to their cause, empowering them to:

- Identify rights violations,
- Build stronger arguments, and
- Determine the best strategies for legal or policy change.

5.5. Why Legal Research Matters in Advocacy

1. **Identifies Rights & Violations**: Clarifies whether an issue breaches local, national, or international laws (e.g., ADA, UN conventions, or national health policies).
2. **Strengthens Advocacy Strategies**: Helps decide whether to pursue **litigation, policy reform, or public campaigns**.
3. **Prevents Missteps**: Ensures advocates don't make claims that conflict with existing laws.
4. **Supports Evidence-Based Advocacy**: Combines **statistical data + legal frameworks** for a more persuasive case.

5.5.1. Interpretation and Feedback to the Client

After conducting **legal research**, the next step is **interpreting the findings and providing clear, actionable feedback** to the client (or community) you're advocating for. This stage ensures that complex legal and policy information is **understood, relevant, and useful** to those affected by the issue.

5.6. Why This Stage Matters?

1. **Empowers the Client**. Helps them make informed decisions about next steps.
2. **Ensures Accuracy**: Clarifies what the law actually means (vs. assumptions).
3. **Builds Trust**: Transparent communication strengthens the advocate-client relationship.
4. **Guides Strategy**: Determines whether to pursue **legal action, policy reform, or alternative solutions**.

5.7. Key Steps in Interpretation & Feedback

1. Simplify Legal Findings

- Translate **legalese** into plain language.
- Use **visuals, summaries, or examples** to explain key points.

2. Relate Findings to the Client's Situation

- Explain how the law applies (or doesn't apply) to their case.
- Highlight **rights, risks, and possible outcomes**.

3. Discuss Options & Risks

- Present **possible actions** (e.g., filing a complaint, negotiating, litigation).
- Explain **potential consequences** (e.g., time, cost, emotional toll).

4. Seek Client Input & Consent

- Ask: *"What feels right to you?"*
- Ensure they **guide the process**—advocacy should be client-centered.

Active Negotiation and Advocacy

After interpreting legal findings and consulting with the client, the next critical stage is **Active Negotiation and Advocacy**—where research and strategy turn into **concrete actions** to influence decision-makers, secure rights, or change policies.

This phase focuses on:

- **Direct engagement** with authorities (e.g., employers, healthcare providers, government agencies).
- **Strategic communication** (e.g., demands, petitions, meetings).
- **Negotiation tactics** to resolve issues without litigation (when possible).
- **Public pressure** (e.g., media, protests) if institutions resist change.

5.8. Key Strategies for Effective Negotiation & Advocacy

1. Preparing for Negotiation

- **Clarify Goals:** What does the client want? (e.g., policy change, compensation, services restored).
- **Know Your Leverage:** Use legal research to highlight violations (e.g., *"This violates ADA Title II—here's the penalty for non-compliance."*).
- **Anticipate Counterarguments:** Prepare responses to common pushback.

2. Conducting the Negotiation

- **Use "Interest-Based" Tactics:** Focus on shared goals (e.g., *"We both want this patient to recover—let's discuss home care support."*).
- **Escalate Strategically:** Start polite, then increase pressure (e.g., from emails → formal complaints → lawsuits).
- **Document Everything:** Keep records of promises, denials, or discrimination.

3. Advocacy Beyond Negotiation

If negotiation fails, escalate to:

- **Public Advocacy:** Media exposure, rallies, or social media campaigns.
- **Formal Complaints:** File with oversight bodies (e.g., EEOC, health departments).
- **Legal Action:** Partner with lawyers for lawsuits or injunctions.

5.9. Skills for Successful Advocacy at This Stage

- **Assertive Communication:** Firm but professional tone (e.g., *"This violates Section 504. We expect compliance by [date]."*).
- **Cultural Competence:** Adapt messaging (e.g., advocating for Indigenous communities may require tribal leaders' involvement).
- **Persistence:** Follow up relentlessly (e.g., *"Per our last email, we still await your response."*).

5.10. Next Steps

After active negotiation/advocacy, the process moves to:

- **Monitoring** (ensuring promises are kept).
- **Evaluation** (what worked? what didn't?).
- **Long-term advocacy** (e.g., policy reform to prevent future issues).

6. Exercises for Discussion

GROUP DISCSSIOON – PANEL 1
Trainees split into subgroups (3-5 trainees each) Each subgroup chose a case to be used for discussion. Discussion subject: PANEL principles of RBA- Participation
Subgroup # Summary of selected case ………………………………………………………………………………………… ………………………………………………………………………………………… ………………………………………………………………………………………… ………………………………………………………………
In WHAT aspects can your selected case effectively participate and HOW and are the expected obstacles/challenges they may face? WHAT? ………………………………………………………………………………………… ………………………………………………………………………………………… ………………………………………………………………………………………… ………………………………………………………………………………………… ………………………………………………………………………………………… ………………………………………………………………………………………… ……….. ………………………………………………………………………………………… ………………………………………………………………………………………… ………………………………………. ………………………………………………………………………………………… ………………… HOW? ………………………………………………………………………………………… ………………………………………………………………………………………… ………………………………………………………………………………………… ………………………………………………………………………………………… ………………………………………………………………………………………… ………………………………………………………………………………………… ………. ………………………………………………………………………………………… ………………………………………………………………………………………… …………………………………………

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Report to trainees' group for discussion.

GROUP DISCSSIOON -PANEL 2
Trainees split into subgroups (3-5 trainees each) Each subgroup chose a case to be used for discussion. Discussion subject: PANEL principles of RBA- Accountability
Subgroup # Summary of selected case …………………………………………………………………………………………… …………………………………………………………………………………………… …………………………………………………………………………………………… ……………………………………………………………………
What are the bodies that can promote accountability for respecting, protecting, and fulfilling the rights of the selected case? WHAT? …………………………………………………………………………………………… …………………………………………………………………………………………… …………………………………………………………………………………………… …………………………………………………………………………………………… …………………………………………………………………………………………… …………………………………………………………………………………………… ………… …………………………………………………………………………………………… …………………………………………………………………………………………… ………………………………………………

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Report to trainees' group for discussion.

GROUP DISCSSIOON -PANEL 3

Trainees split into subgroups (3-5 trainees each)
Each subgroup chose a case to be used for discussion.
Discussion subject: PANEL principles of RBA- Non-Discrimination

Subgroup #
Summary of selected case
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Equality and Equity: sometimes equality includes discrimination, while prioritization is not considered discrimination: Give examples related to selected case and explain your justification)

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Report to trainees' group for discussion.

GROUP DISCSSIOON 4: PANEL- Empowerment
Trainees split into subgroups (3-5 trainees) Each subgroup chose a case to be used for discussion. Discussion subject: PANEL principles of RBA- Empowerment
Subgroup # Summary of selected case …………………………………………………………………………………………… …………………………………………………………………………………………… …………………………………………………………………………………………… …………………………………………………………
What aspects of empowerment can be done in the selected case, how, and what obstacles/challenges are expected? WHAT? …………………………………………………………………………………………… …………………………………………………………………………………………… …………………………………………………………………………………………… …………………………………………………………………………………………… ……………………………………………………………………………………………

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GROUP DISCSSIOON 5: PANEL – Legality
Trainees split into subgroups (3-5 trainees) Each subgroup chose a case to be used for discussion. Discussion subject: PANEL principles of RBA- Legality of rights
Subgroup # Summary of selected case …………………………………………………………………………………………… ……………………………………………………………………………………………

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What are the laws and regulations that respond to the selected case and in which documents are included?

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GROUP DISCSSIOON 6: Needs and Rights	
Trainees split into subgroups (3-5 trainees) Each subgroup chose a case to be used for discussion. Discussion subject: linking needs to rights	
Subgroup # Summary of selected case ………………………………………………………………………………………………… ………………………………………………………………………………………………… ………………………………………………………………………………………………… ………………………………………………………………	
Choose up to 5 needs to the selected case and link each with the corresponding right/s	
Needs	**Rights**

Report to trainees' group for discussion.	

GROUP DISCSSIOON 7: Rights Holders (HRs) & Duty Bearer		
Trainees split into subgroups (3-5 trainees) Each subgroup chose up to 5 RHs and for each who are the DB/s and what each DBs should do as a duty towards the corresponding RHs. Discussion subject: Rights and Duties		
Subgroup #		
RHs	DBs	Duties

Report to trainees' group for discussion.		

Group Discussion 8: Thinking through FAIR flowchart.

Using a project that you are involved in or a suggested project that includes advocacy for rights.

Discussion group #:

Facts: What is the experience of the individuals involved and what are the important facts to understand?	
Analyze rights: Develop an analysis of the human rights at stake.	
Identify responsibilities: Identify what needs to be done and who is responsible for doing it.	
Review actions: Make recommendations for action and later recall and evaluate what has happened as a result.	

7. Annexes

- Code of Ethics for social work (Canadian Association of Social Workers)
- Medical Code of Ethics and Professionalism (Canadian Medical Association)
- Nursing Code of Ethics
- Patient Bill of Rights and Responsibilities

- The Universal Declaration on Volunteering

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